



# Overview of AB 2083 eLearning

## Building Better Blueprints for Collaboration for Serving San Diego's Children and Youth

San Diego's System of Care has long encouraged strong collaboration and robust discussions among teams of committed and dedicated partners all coming together to do the right thing for children and families. California Assembly Bill (AB) 2083, enacted in 2018, requires the creation of Memoranda of Understanding (MOUs) to formalize this collaboration for children and youth in foster care, especially those who have experienced severe trauma. In this course, you'll learn about AB 2083, its mandate for California counties, and the various partnerships and collaborations across the Child and Family Wellness System of Care in San Diego County that ensure we are meeting the needs of our children, youth, and families.

### Welcome

#### INTRODUCTION

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### Introduction

### Overview of AB 2083

#### CHILD AND FAMILY WELLNESS SYSTEM OF CARE PARTNERS

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### Child and Family Wellness System of Care Partners

**County of San Diego Child Welfare Services**

**County of San Diego BHS Children's System of Care**

**County of San Diego Juvenile Probation**

**San Diego Regional Center**

**San Diego County Office of Education**

#### **PARTNERING IN ACTION**

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**Partnering in Action**

**Early Efforts in Collaboration and Outcomes**

**Moving Forward**

#### **CONCLUSION**

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**Conclusion**

**Acknowledgements**

**Posttest**

**Closing**

# Welcome

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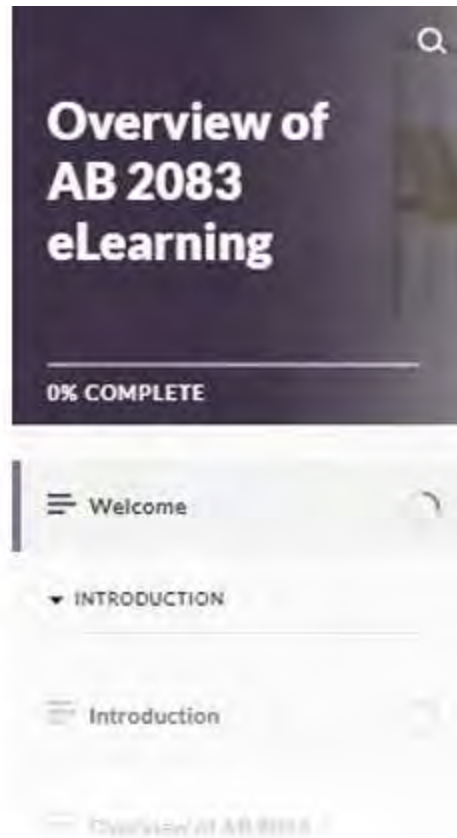
## Welcome to the **Overview of AB 2083** eLearning course.

This course was developed by the [Academy for Professional Excellence](#) and [Responsive Integrated Health Solutions](#).



Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health Services contracted program of the Academy for Professional Excellence, and a project of the SDSU School of Social Work.

## Navigation Tips



To navigate through the course, you can **scroll vertically to each lesson** or **use the menu items** on the left side of the screen. Your percent complete will be based on which lessons and blocks you view. You'll have an opportunity in the **CONCLUSION** to take the **Posttest**, where you can earn credit for completing this course.

This course should take about 90 minutes to complete.



# LIVE WELL SAN DIEGO

San Diego County's long-term initiative for  
**healthy**, **safe** and **thriving** communities

## BUILDING BETTER HEALTH

Improving the health of  
residents and supporting  
healthy choices

## LIVING SAFELY

Ensuring residents are protected  
from crime and abuse,  
neighborhoods are safe, and  
communities are resilient to  
disasters and emergencies

## THRIVING

Cultivating opportunities  
for all people and  
communities to grow,  
connect and enjoy the  
highest quality of life

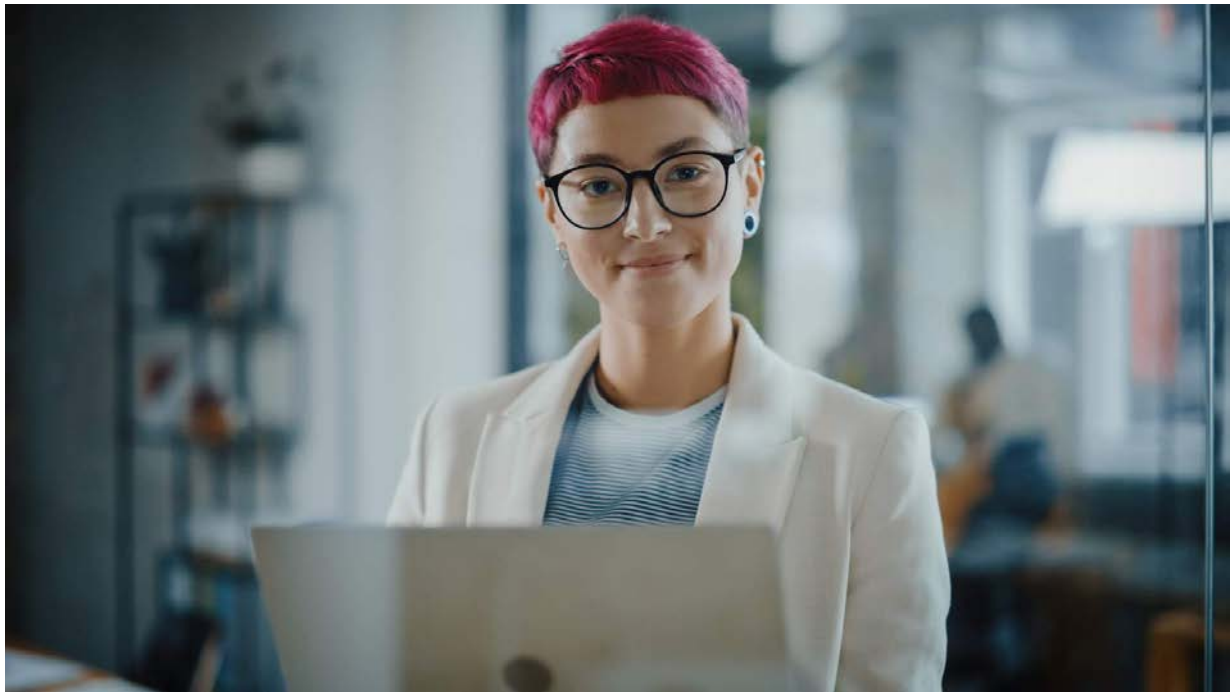
This course is provided through a contract with the [County of San Diego Health and Human Services](#)

[Agency](#) and supports the Live Well San Diego vision for a region that is **Building Better**

**Health, Living Safely** and **Thriving**.

This course supports that initiative by providing participants with information about the changes required by AB 2083 to formalize collaboration to better support children and youth in foster care.

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## Be Culturally Responsive

A few things before we begin.

As we move through this eLearning course, please keep in mind that culture, including values, traditions, and beliefs, contributes to a person's resilience.

As a person manages their wellness and safety and achieves their goals, they do so within the norms of their culture. Services should be culturally grounded to meet each individual's unique needs.

Providers need to be mindful not to impose their culture, cultural biases, or culturally learned assumptions on others. Understand that any intervention should be applied with a cultural lens.

Always practice from the perspective that the majority of the people receiving services will have experienced some kind of trauma in their life.

Finally, language matters. Choosing to use recovery language—person-centered, hope-filled, non-stigmatizing—creates an environment that allows all of us to be fully recognized as people.

Now let's begin.




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CONTINUE

# Introduction

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The work of the **Children's System of Care in San Diego County** would not be possible without **strong collaborations** and robust discussions among teams of committed and dedicated partners all coming together to do the right thing for children and families.

Our Live Well San Diego vision has laid the foundation for a participatory process to engage populations and systems and provides pathways for improved outcomes for all our residents. Our partnerships in our system of care involve both traditional and non-traditional, established and new partnerships.





**LIVE WELL**  
SAN DIEGO

Our system of care partnership extends from the Child Welfare, Behavioral Health, and Juvenile Justice systems to our partners with the County Office of Education, Special Education Local Plan Areas (SELPAs), and Regional Center and further on to the partnerships and voice of Department of Rehabilitation, our juvenile court system, Court Appointed Special Advocates (CASAs), and our tribal nations. Together we all share in the responsibility for ensuring the safety, health, and well-being of our children and youth. In this eLearning, we will discuss California Assembly Bill 2083, its mandate for California Counties, and the various partnerships and collaborations across our system of care that will ensure we are meeting the needs of our children, youth, and families.

## Learning Objectives

After completing this course, you will be able to:

- **Explain the historical context underlying the development of AB 2083.**
- **Recognize the key Memorandum of Understanding (MOU) components and the required partnerships outlined in AB 2083.**
- **Identify the services, policies, and practices guiding the work of partners across the system of care including, Child Welfare Services, Behavioral Health Services Children's**

## System of Care, Juvenile Probation, Regional Center, and Department of Education.

- Describe successful collaborative efforts implemented across our system of care that have resulted in improved services.

## History

Our youth-serving systems are continually evolving to correct past mistakes, to better serve the youth whose well-being we are responsible for, and to improve the outcomes for children and youth we serve. AB 2083 is the most current system of care reform that directs how we coordinate our efforts across systems serving youth, however, efforts to improve the quality of care for youth in California have been ongoing for decades. These are a few historical efforts that paved a foundation for our current ability to collaborate on a systems-wide scale:

**1985**

### Independent Living Program Act

This law provided funding so that Independent Living Skills (ILS) could be taught to foster youth 16 and older to assist in their independence and also ensured children had access to Child Welfare support up to 18.



**1997, 1998**

### **Wraparound**

The wraparound process is a collaborative, team-based approach to service and support planning. Through the wraparound process, teams create plans to meet the needs and improve the lives of children and youth with complex needs and their families. The wraparound team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design, implement, and monitor a plan to meet the unique needs of the child and family.



**2003**

### **AB 636 Child Welfare System Improvement and Accountability Act**

This law was designed to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. Its goals were to:

- Protect children from abuse and neglect
- Have children safely maintained in their own homes whenever possible and appropriate
- Provide children permanency and stability in their living situations
- Preserve the continuity of family relationships and connections for children
- Enhance families' capacity to provide for their children's needs
- Ensure children receive appropriate services to meet their educational needs
- Ensure children receive adequate services to meet physical and mental health needs

- Prepare youth emancipating from foster care to transition into adulthood

## 2004

### **Prop 63 Mental Health Services Act (MHSA)**

The MHSA specifies requirements for service delivery and supports for children, youth, adults, and older adults with serious emotional disturbances and/or severe mental illness. MHSA funding annually allowed counties to:

- Define serious mental illness among children, adults, and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care
- Reduce the long-term adverse impact on individuals, families, and State and local budgets resulting from untreated serious mental illness
- Expand the kinds of successful, innovative service programs for children, adults, and seniors already established in California, including culturally and linguistically competent approaches for underserved populations
- Provide State and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure
- Ensure all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices, subject to local and state oversight to ensure accountability to taxpayers and to the public

## 2010

## Juvenile Justice Reform

This series of resolutions and laws asserted a set of Rights of Youth and established the importance of behavioral health treatment for youth with justice involvement. Among other changes, it also provided increased resources for foster youth transitioning back into society after release from the juvenile court's jurisdiction.

## 2013

### Pathways to Well-Being

In response to the Katie A. class-action suit filed in 2002 settled in 2011, the state of California issued the Core Practice Model (CPM) Guide, which describes how child welfare service agencies, behavioral health services agencies, and providers should work together with children/youth and families to improve the safety, permanency, and well-being of children and youth in the child welfare system. The County of San Diego Behavioral Health Services, Child Welfare Services, Probation, and family and youth partners worked collaboratively to develop the **Pathways to Well-Being** initiative—their shared vision for meeting the Katie A. settlement requirements—to ensure that the mental health needs of the youth involved with Child Welfare Services are met. Pathways to Well-Being service components include:

- Child and Family Team (CFT)
- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care (TFC)

**2018**

### **Integrated Core Practice Model (ICPM)**

In support of the Continuum of Care Reform (CCR) and Pathways to Well-Being efforts, the ICPM is an articulation of the shared values, core components, and standards of practice expected from those serving California's children, youth, and families. It provides practical guidance and direction in the delivery of timely, effective, and collaborative services and helps create culturally relevant and trauma-informed systems of care that strengthen the voice and choice of the child, youth, and family and build consensus around their strengths and needs in service planning and delivery.

**2018**

### **AB 153 Family First Prevention Services Act (FFPSA)**

Signed into law February 9, 2018, the Family First Prevention Services Act (FFPSA) amends the Title IV-E Foster Care Program to enhance support services for families to help children remain at home and reduce the use of unnecessary congregate care placements by increasing options for prevention services, increasing oversight and requirements for placements, and enhancing the requirements for congregate-care placement settings.

The FFPSA:

- Supports prevention services.
- Provides support for kinship (relative) caregivers
- Establishes new requirements for youth being placed in residential treatment programs and improves quality and oversight of intensive and trauma-based services.
- Requires access to family-based aftercare services for children at least six months post-discharge from Short Term Residential Therapeutic Programs (STRTPs).
- Improves services to older and transition-age youth

- Improves services to older and transition age youth.

**2021**

### **SB 823: Juvenile Justice Realignment**

Shifts responsibility for youth from regional Department of Corrections and Rehabilitation Division of Juvenile Justice facilities to secure rehabilitation programs managed by local probation departments so youth remain closer to their families and communities. Juveniles will also remain in Juvenile facilities until they turn 25 rather than be transferred to the adult criminal system at 19.

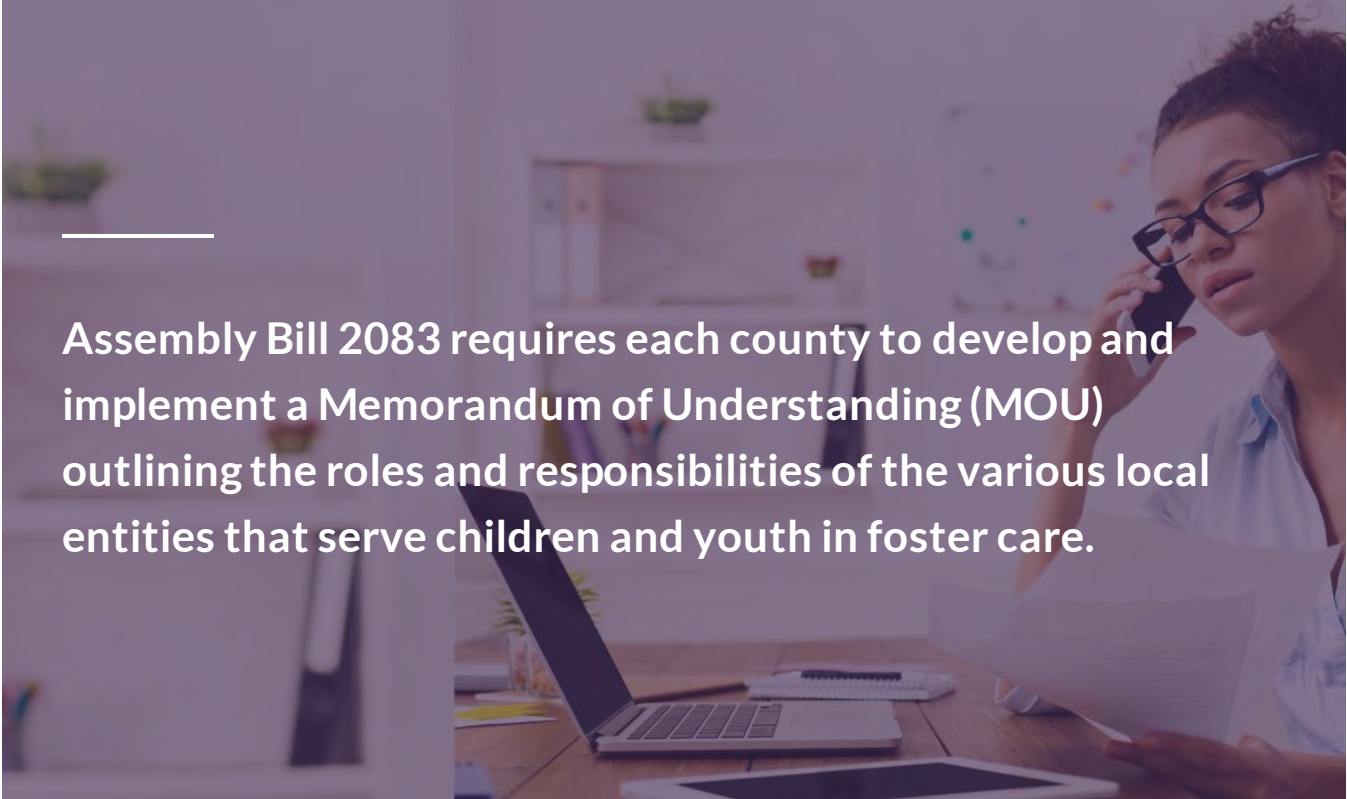




CONTINUE

# Overview of AB 2083

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Assembly Bill 2083 requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care.

The MOU outlines the agreement by child welfare, regional centers, county office of education, probation, and behavioral health, to create a Children and Youth System of Care to ensure children and youth in foster care, especially those who have experienced severe trauma, receive coordinated, timely, and trauma-informed services.

The legislation is focused on the child welfare system but can and must be expanded to look at children and youth served by various other systems.

- Voices for Children (CASA- Court Appointed Special Advocates)
- Special Education Local Plan Area (SELPA) Representatives
- Federally Recognized Tribes

- Juvenile Probation
- Regional Center
- County Office of Education
- Tribal Partnerships and Organizations
- Department of Rehabilitation
- First 5
- Local Hospitals
- Community-Based Organizations
- County Public Health
- County Dependency Court Judges
- Others

## MOU Components

There are 11 components of the MOU outlined in AB 2083. Early implementation efforts have demonstrated that MOUs must include the 11 required sections included in the AB 2083 Guidance, which will lead to practice change. Any existing MOUs are only a starting place for our system of care. Historical Children's System of Care (CSOC) partners (Behavioral Health, CWS, and Probation) must be expanded to include Regional Centers and the County Office of Education as equal and active partners. While one department may "steward" the collaborative efforts (meetings and/or administration), the responsibility for engagement and successful partnership must be mutually owned by all department leaders.

**Click each of the required MOU components to learn more about it.**

### Interagency Leadership Team (ILT)

The ILT is responsible for aligning interagency vision and trust. Regular and consistent meetings for engagement and shared solution finding maximize reform and development efforts for all partners through shared decision-making and responsibility.

The following ILT Leadership Behaviors are recommended:

- provide timely feedback and assure effective communication
- build collective accountability, risk, and reward

- explore and affirm the efforts and strengths of partners
- invest in early intervention and prevention work (minimizes trauma and saves dollars)
- practice power-sharing and understanding

## Integrated Core Practice Model (ICPM) —

The California ICPM provides a research-based theory of change, articulates five universal elements of a care episode, establishes common principles and practices for successful care, and defines practices for success in behavioral terms. The five elements are engagement, assessment, service planning/ implementation, monitoring/adapting, and transition.

The ICPM supports family-centered care and provides a common language in support of other practice reform efforts such as:

- Safety Organized Practice
- Family First Prevention Services
- Juvenile Justice/Trauma Awareness
- Multi-Tiered System of Supports
- Person-Centered Planning and Thinking
- Whole Person Care/ODS Waiver
- CalAIM

## Information and Data Sharing —

Consider using a single, uniform Release of Information (ROI) form (See [ACL18-09](#), January 25, 2018).

Timely, appropriate sharing of assessment and service planning is the essence of System of Care and effective care coordination. System of Care leaders can greatly impact timeliness and quality of care by assuring information sharing is fluid and clear. Capture shared information sharing in policy and training. Be mindful that returns on investment are sometimes only seen in "others" outcomes.

## Screening, Assessment, and Entry to Care —

To the extent possible, counties are encouraged to develop a process and tools to screen and assess the service needs of children, youth, and families that reduces redundancy and is youth and family-focused. Counties may choose to use a single shared assessment process, share information from different assessment tools or processes, or partner on specific assessment tools.

## Child and Family Teaming —

System partners should provide a single, unified teaming process for all youth in care. CFT meetings will be coordinated via appropriate placing agency or in conjunction with any other intensive mental health services provider, with active participation from all parties as required, on time, and in accordance with state mandate.

## Interagency Placement Committee (IPC) —

The IPC is a multi-agency, multi-disciplinary team that supports children and youth, including Non-Minor Dependents (NMDs), with significant behavioral, emotional, medical, and/or developmental needs through a collaborative review process for determining treatment and placement needs.

## Alignment and Coordination of Services —

Coordination of services for children and youth with complex challenges and needs helps minimize confusion for families and is necessary for achieving desired outcomes. When care is coordinated, collaborating agencies are seen as equal partners and remain well-informed of individual roles and responsibilities.

Alignment and coordination of services include:

1. Identifying the specific needs and strengths of the child and their family

2. Identifying services and community supports that the youth and their family require to address the challenges they face as a result of their needs
3. Identifying which partner agency, or agencies, can provide these services and community supports to address the needs of the youth and their family
4. Developing a care plan that considers the youth and family's voice and choice, and provides them with realistic supports to address their needs in a timely and appropriate manner

## **Staff Recruitment, Training, and Coaching** —

System partners should acknowledge the value of having highly trained and competent staff teams and agree to coordinate the training of staff in order to ensure that social workers, probation officers, therapists, doctors, clinicians, rehabilitation specialists, and support and administrative personnel are fully prepared to deliver seamless and integrated trauma-informed services.

## **Financial Resource Management** —

Counties are directed to maximize partner allocations, grants, other revenues; evaluate local opportunities; leverage and focus efforts, share personnel resources, and avoid co-location costs. Some recommended practices for success are:

- Assessing current financial barriers and practices that represent ongoing conflicts and barriers
- Creating uniform local practices
- Establishing a local practice of inquiry, and
- Exploring the root of financial barriers.

Resource sharing practices for success include:

- Getting budget and planning staff/teams together
- Identifying common service targets and analyzing for redundancy of effort
- Capitalizing on opportunities for "match" funds to maximize federal allocations (MHSA, Prop 10, JJCPA, Prop 64, LCAP, etc)

- Exploring reinvestment into prevention and early intervention

## **Dispute Resolution** —

System partners will attempt in good faith to resolve any challenges or disagreements due to conflicting statute, regulations, policy, guidance, or differing opinions as to what services are needed for a particular youth or family by focusing on the shared vision, values, and practices of the agreement.

## **Resource Families and Therapeutic Foster Care** —

Resource Families play a critical role in the life of children in out-of-home care. When placement with a closely tied adult is not an option for the child, the placing agency makes efforts to actively recruit and support resource families that are able to keep the child or youth connected to their community and culture.

Therapeutic Foster Care is a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention provided as a Specialty Mental Health Service (SMHS) and is an alternative to congregate care for children and youth who have complex emotional and behavioral needs and require intensive and frequent mental health support in a family environment.

Resource families (including TFC families) are dependent upon the services of all partner agencies, so it is important that all system partners recognize their respective roles in identifying and supporting these resource family caregivers of foster children and youth and that all system partners work collaboratively to support these families.

## **AB 2083 Principles**

AB 2083 is guided by a set of principles that are based on the ICPM principles.



Take a moment to consider how each of these principles relates to the work you do.

Family Voice and Choice	Natural Supports	Collaboration	Teaming
Community Based	Culturally Responsive	Individualized	Strength Based
Persistence	Outcomes Based	Trauma Informed	

**Children and Youth System of Care State Technical Assistance Team**

AB 2083 calls for the establishment of a Joint Interagency Resolution Team to provide guidance, support, and technical assistance to counties with regard to trauma-informed care to foster children and youth.

The mission of the State Resolution Team is to:

- Promote collaboration and communication across systems to meet the needs of children, youth, and families.
- Support timely access to trauma-informed services for children and youth.
- Resolve technical assistance requests by counties and partner agencies, as requested, to meet the needs of children and youth.

The primary roles of the joint interagency resolution team are to develop guidance to counties, county offices of education, and regional centers with regard to developing the memoranda of understanding required by AB 2083, to support the implementation of those memoranda of understanding, and to provide technical assistance to counties to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma.



**The Child and Youth System of Care State Technical Assistance Team includes:**

**California Health and Human Services  
Agency (CHHS)**

**Department of Social Services (DSS)**

**Department of Developmental Services  
(DDS)**

**Department of Health Care Services  
(DHCS)**

**California Department of  
Education  
(CDE)**

**Tribal Governments**

**Department of Rehabilitation  
(DOR)**

## System of Care for Children and Youth

For the very latest information on AB 2083 Implementation including System Profiles and AB 2083 MOU Guidance visit the [System of Care for Children and Youth page on the CalHHS website](#).

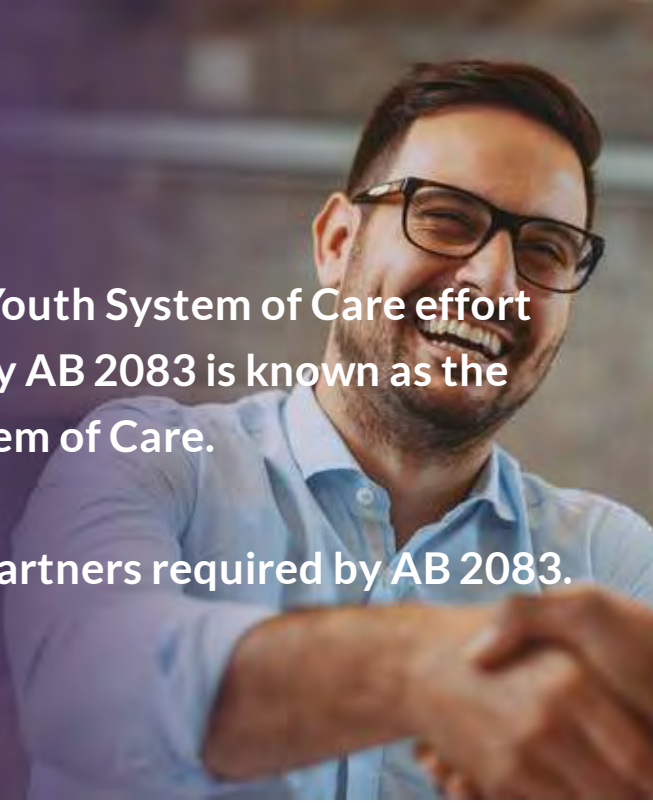
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In the next section, we'll take a look at each of the required system of care partners.

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# Child and Family Wellness System of Care Partners

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A photograph of a man with dark hair and glasses, wearing a light blue button-down shirt, smiling and shaking hands with another person whose hand is visible in the foreground. The background is blurred, suggesting an outdoor setting.

In San Diego, the Children and Youth System of Care effort and implementation required by AB 2083 is known as the Child and Family Wellness System of Care.

Take some time to explore the partners required by AB 2083.

[Click to learn more about each Child and Family Wellness System of Care partner.](#)

**County of San Diego Child Welfare Services (CWS)**

CWS

## County of San Diego Behavioral Health Services (BHS) Children's System of Care

BHS CSOC

## County of San Diego Juvenile Probation

JUVENILE PROBATION

## San Diego Regional Center

REGIONAL CENTER

## San Diego County Office of Education (SDCOE)

SDCOE

### **Continue to *Partnering in Action*.**

Continue to the next lesson once you have learned about the Child and Family Wellness System of Care partners.

PARTNERING IN ACT...

# County of San Diego Child Welfare Services

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**Child Welfare Services (CWS) partners with families** and the community to **promote family strengthening** and **prevent, reduce, and respond to child abuse and maltreatment.**

CWS is committed to excellence in the delivery of culturally responsive, family-centered and child-focused protective services. CWS investigates alleged suspected child abuse and neglect and intervenes with families who do not meet the minimum community standards of health and safety as required by law.



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# Vision

Every child will grow up safe and nurtured

## Priorities

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**Safely stabilize and preserve families;**

and if that is not possible...

**Safely care for children and reunify children to their families of origin;**

and if reunification is not possible...

**Safely support the development of permanency and lifelong relationships for children and youth.**

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By keeping the **vision** and the top three **priorities** guiding our work with families, the ultimate goal is to help them become stronger in the areas of **safety, permanency,** and **well-being.**

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## Services

Service delivery utilizes the Safety Enhanced Together (SET) practice framework, which reflects examples of practices that best support Child Welfare Services' vision and priorities when working with children and families.

The SET framework enhances our ability to provide quality, consistent case work throughout our regions and programs, and ensure that any new child welfare innovations we adopt align with our vision, top priorities, and values.

As a child and family move through the Child Welfare Services system, child welfare social workers serve them from various programs that meet the different specific needs of different types of cases.

**County of San Diego Child Welfare Services operations are located regionally,**  
**with offices in the following regions:**



## Direct Services

**Click each service provided by Child Welfare Services to more learn about it.**

### Adoptions —

Social workers in the Adoptions program make assessments as to the most appropriate permanent plan, which can include Adoption, Guardianship, or Another Planned Permanent Living Arrangement (APPLA). These assessments include determining the benefits of the parent-child and sibling relationships as well as the impact of the termination of parental rights on the child. The child is assessed in order to make an appropriate match and to give full disclosure to a potential long-term placement family.

### Child Abuse Hotline —

The Hotline is contacted when a member of the community has a concern regarding potential abuse or neglect of a child. Upon notification of the concern, the Hotline social worker does an immediate assessment of the referral. If the child is determined to be at risk, a social worker is assigned to investigate. Hotline staff are available 24 hours a day and can be reached at (858) 560-2191 or toll-free at (800) 344-6000.

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## **Child Assessment Network-North (CANN)** —

The Child Assessment Network North (CANN) is a project designed to provide prevention, assessment, and intervention services for North County children 0-17 years of age who are in need of protective custody.

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## **Continuing Services** —

The Continuing Services program begins after the Court Intervention process is complete. In this program, the social worker will provide ongoing case management for the family who receives either family maintenance or family reunification services.

Family Maintenance services are when the child is a dependent of the Juvenile Dependency Court and either remains in the home or is returned home after participating in family reunification services. A case plan is developed, and case management services are offered to support and stabilize the family while the parent/guardian continues to build upon family strengths with the child in the home.

Family Reunification services are when a child is removed from the parent or guardian due to safety threats that cannot be resolved with the child remaining in the home and becomes a dependent of the Juvenile Dependency Court. During this time, CWS partners with the parent/guardian to create a case plan that will outline the actions of protection that will need to be demonstrated over a period for the child to safely return home.

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## **Court Intervention** —

The Court Intervention program may start from the initial investigation and include social workers who file court petitions, obtain protective custody warrants, and complete court reports within designated timelines. Social workers in this program also work with the family to create case plans that outline the objectives, goals, and services that the family will participate in while involved in Child Welfare Services. Once jurisdiction and disposition of the child are established by Juvenile Court, the case moves to Continuing Services.

## Emergency Response —

The Emergency Response social workers investigate reports that allege suspicion of child abuse or neglect. California law dictates the different types of child abuse and neglect and the definitions for each. Social workers utilize a family-centered, culturally responsive, and trauma-informed approach, partnering with families and people close to them to talk about any safety concerns identified. Most investigations are closed, however, social workers provide education to the family about keeping the children safe, link families to community services, and partner with families and their network to create safety for the children even after the investigation is closed. When a safety threat to a child is identified, social workers partner with the family to co-create an individualized safety plan for their child's safety focusing actions of protection that the parents, children, and network agree to take to keep the children safe and keep the children with their family whenever possible.

## Foster and Adoptive Resources Family Services (FARFS) —

Foster & Adoptive Resource Family Services (FARFS) provides various placement support services, including information about the foster and adoption process and training for individuals and families interested in becoming Resource Parents/Families. To learn more about becoming a resource parent or resource family, register to attend one of our orientations by calling: (877) 792-KIDS (5437) or visiting [sdcares4kids.com](https://sdcares4kids.com).

## Family Urgent Response System (FURS) —

FURS includes a 24/7 Statewide Hotline and a 24/7 County-based Mobile Response and Stabilization Team. FURS will provide current and former foster youth (up to age 21) and their caregivers with immediate, trauma-informed support by caring and trained professionals when they need it.

## Residential Services —

The Residential Services is comprised of CWS social workers who provide case management and support to youth requiring 24-hour supervision, therapeutic intervention, and specialized programming in a Short-Term Residential Therapeutic Program (STRTP) or Community Treatment Facility. Eligible youth must meet STRTP criteria determined by an Interagency Placement Committee, obtain a recommendation from a Qualified Individual for an STRTP level of placement, and receive an approval for an STRTP placement by the Juvenile Dependency Court.

### **San Pasqual Academy**

San Pasqual Academy, a first-in-the-nation residential education campus designed specifically for foster youth, serves as a placement option for dependents of the Juvenile Court, 12-17 years old, and Non-Minor Dependents (NMDs) up to age 19 years old.

### **A.B. and Jessie Polinsky Children's Center**

The A.B. and Jessie Polinsky Children's Center (PCC) is a 24-hour facility for the temporary emergency shelter of children who must be separated from their families for their own safety, or when parents cannot provide care. Built on County-donated land and augmented with funds raised from private donations under the auspices of the Promises2Kids (founded as the Child Abuse Prevention Foundation), the facility has the licensed capacity to serve 204 children. It includes six residential cottages, a nursery, an on-site school library, an infirmary, and a gymnasium.

### **Voluntary Services**

When an investigation finds that a child has been or is at risk for abuse or neglect and the family is able and willing to partner with the Agency without the intervention of the court, the family will be offered Voluntary Services for up to six months. Voluntary Services is a time-limited service in which the family is provided an opportunity to have their children remain in or out of the home on an agreement with CWS, while the family participates in case management services that build upon family strengths and support family preservation.

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## Policy and Practice

The Penal Code guides the process of determining whether an allegation of abuse and/or neglect reported to the Child Abuse Hotline is unfounded, inconclusive, or substantiated.

When a child is removed from the home, a petition is filed within 48 hours with the Juvenile Dependency Court Welfare and Institutions Codes (WIC) definitions of abuse and/or neglect. The petition describes the reasons and evidence that indicate the child is at risk while in the parent's care. The WIC guides the Juvenile Dependency Court in determining whether a parent's behavior meets the legal standard for abuse and/or neglect.

The Indian Child Welfare Act (ICWA) protocol is a procedure that is used when working with Native children. In 2016, CWS finalized a protocol that records the collaborative work model and mutual understanding of how CWS and tribes work together to serve Native families and comply with the ICWA. The protocol supports CWS in decision-making that achieves compliance with the ICWA and promotes positive outcomes for Native families. It aligns with Safety Enhanced Together (SET) practice framework by emphasizing efforts to safely stabilize and preserve families while appreciating the family's culture and cultivating shared responsibility with our community partners.



## Oversight and Funding

### Oversight

Child Welfare Services policies and procedures that guide practice are based on mandates directed by:

- California Penal Codes
- Welfare and Institution Codes (WIC)

- **California Department of Social Services (CDSS)**

CDSS is responsible for ensuring Counties follow all state and federal mandates and initiatives communicated through All County Letters, All County Information Notices, and more.

The Child Welfare Services Executive Leadership Team oversees the daily operational needs of the department. The Leadership Team includes the Director, Assistant Directors, and Deputy Directors. Supervisors, Program Managers, and Chiefs provide regional practice oversight.

## **Funding**

Child Welfare Services is funded through the following sources:

- **Temporary Assistance to Needy Families (TANF)**
- **Title IV-E**
- **Title XIX**
- **Title XX (Augmentation)**
- **Title IV-B (Prevention)**
- **Realignment 1991/2011**
- **County General Fund**

## **Partnerships**

Collaborative relationships can ensure that services are not duplicated by multiple systems working with the same family, that resources are maximized and used effectively for families with the greatest need, and that there is increased ability for the family to sustain safety plans and aftercare plans after Child Welfare Services involvement.

The voices of children, youth, and families are necessary for working with the family effectively, to tailor plans and services to specific needs, and for plans to be sustainable.



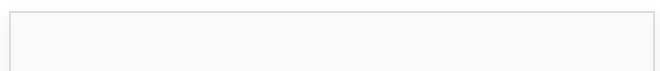


A CWS SET value, *Shared Responsibility With Community Partners*, emphasizes the importance of building and maintaining trusting relationships with partners who also share the vision for safety, permanency, and well-being. Child welfare social workers regularly collaborate with other professionals and the community. Collaborative relationships with law enforcement, schools, behavioral health partners, probation, service providers, community leaders, and many others serve to inform, support, and enhance the work done by child welfare social workers.

## Barriers to Effective Service Delivery

While Child Welfare Services works diligently to address barriers in the delivery of services individually, some factors may continue to be a challenge.

[Click to flip the cards and use the arrows to see some of the barriers to effective service delivery.](#)



### **Availability of Culturally Responsive Services**

Families may have difficulty finding service providers who understand and can address their unique needs and norms, including language and complex family dynamics.

1 of 4

### **Structural Barriers to Accessing Services**

Families may have limited access to services that fit with their schedule, childcare, and transportation needs. Families may also feel overwhelmed with the services offered or apprehensive about becoming involved with CWS.

2 of 4

### **Availability of Resources and**

The need for services and supports for families may exceed the resources available, including the

## Services

availability of resource families to provide ongoing and specialized care and support for children.

3 of 4

## Staff Recruitment and Retention Across Service Providers

The multiple systems of care working with families continue to face challenges with high turnover rates and retaining experienced and skilled staff to deliver services to vulnerable populations.

4 of 4

## Roles and Responsibilities

CWS social workers provide a spectrum of family strengthening, prevention, and protective services and supports to youth and families that are culturally responsive, youth-focused, and family-centered.

CWS social workers:

- Ensure the safety, well-being, and permanency of children in all stages of the case
- Provide critical, rigorous, strength-based, and ongoing assessments

- Utilize evidence-based tools to conduct safety and risk assessments in order to maintain a focus on safety
- Partner with children, families, and their natural support system to make decisions related to child safety, case planning, placement, and service planning
- Work collaboratively as a team with both internal and external partners
- Facilitate the sharing of information among family members and service providers
- Connect families to community-based resources

### Practice elements include:

<b>Case Management</b>	<b>Permanency Planning</b>	<b>Placement</b>	<b>Services</b>
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## Eligibility

Families with children ages 0-17 become involved with CWS when a member of the community calls the Child Abuse Hotline for alleged child abuse or neglect. When a response is recommended, a social worker will engage the child, family, and their network to conduct a balanced and rigorous assessment to determine safety and risk.

CWS also provides services to Nonminor Dependents ages 18-21 to help youth successfully transition to adulthood and achieve better outcomes in education, employment, housing, and independence upon exiting the foster care system.

## Timelines

IMMEDIATE	WITHIN 30 DAYS	VARIES
Child Abuse Hotline	Emergency Response	Family Reunification
Alleged reports of child abuse and neglect made to the Child Abuse Hotline are assessed using the Structured Decision Making (SDM) Hotline Tools, which determines criteria and response time. When a report is determined to meet criteria for response, an investigation is initiated within 24 hours, 5 days, or 10 days.	The child welfare social worker completes a safety and risk assessment, provides brief services for up to 30 calendar days from the date of in-person contact with the family, and determines if the allegation of child abuse or neglect is unfounded, inconclusive, or substantiated.	When a child cannot safely remain in the home, Family Reunification services provided are time-limited and based on factors such as the age of the child and whether the safety goals have mitigated the concerns identified.

## Partnering with Child Welfare Services

There are several opportunities already in place for collaborating with Child Welfare Services.

[Click to learn about opportunities to collaborate with Child Welfare Services.](#)

## Live Well San Diego Partners —

Partners build upon the Live Well San Diego vision and framework to address wellness and equity in all underserved communities of the county



## Child and Family Teams (CFTs) —

Child and Family Teams create a unified teaming and meeting process to facilitate communication for families involved with multiple programs and services. A core principle of teaming and the foundation of the CFT Meeting is honoring the youth and family as experts in their lives. Shared decision making regarding safety, placement, and case planning is a collaborative, client-centered, group decision-making process that empowers youth, families, and their support network, together with CWS to set goals and priorities to support individualized plans, taking input from all team members, that meet the needs and is in the best interest of the youth and family.

## Advisory Boards —

Citizen Advisory Boards provide a platform for the community to contribute input on strategies, efforts, and service delivery in support of strengthening children, youth, and families and preventing child maltreatment.

## Foster Care Services Committee —

A committee that meets monthly and consists of Foster Parent Associations, Resource Families, community-based organizations, and county programs that work together to review and make recommendations on challenges, policies, and programs that affect resource families and the children in foster care.

## Volunteer Opportunities

CWS is proud of its volunteers who share their time, talent, and desire to help others with children in care. Opportunities to volunteer include:

- **Camp Connect** organizes a fun-filled four-day summer camp in the mountains of Julian for children separated from their siblings. Camp Connect ensures they have the opportunity to visit and maintain their relationship with each other.
- **Foster Youth Mentors** provide a child with a supportive and enriching one-on-one relationship that will aid in developing self-esteem. Activities may include providing transportation, tutoring, and taking the child on various social outings.
- **Jessie's Angels** (Polinsky Volunteer Program) provide comfort, care, and a variety of activities for children from infant to age 17 who are living temporarily at the A.B. Jessie Polinsky Children's Center.

For more information on becoming a volunteer, call 858-874-1058.

## Specialty Services

### Extended Foster Care (EFC)

A program for youths ages 18-21 that extends the time to assist nonminor dependents in becoming better prepared for successful transition into adulthood and self-sufficiency through education, employment opportunities, and a secure and supervised living environment.

### Indian Specialty Unit (ISU)

Established in 1992, the Indian Specialty Unit addresses the agency and the tribes' shared concern that children were removed and lost in the system. All investigations and cases involving Native children are served by ISU social workers trained to work with tribes and communities and have a familiarity with tribal services and resources. ISU social workers coordinate with tribal social workers on referrals affiliated with any of the 17 San Diego tribes. They also participate in monthly case consultation meetings to discuss referrals, services, compliance, and ongoing case management ensuring that the child has a permanent connection to their tribe. The purpose of the Indian Specialty Unit (ISU) is to:

- **Promote the government-to-government relationship between the tribes and CWS**
- **Promote safety, permanency, and well-being of children in the Indian community, and**
- **Keep all Indian children connected to their family, tribe, and culture**





### Medically Fragile

Children identified, per certain criteria, as medically fragile, developmentally delayed, or mentally and/or physically impaired, will be considered for assignment to the Medically Fragile Specialty Unit. The Medically Fragile Specialty Unit serves children countywide from all regions.

## Collaborative Efforts Successes

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### Family First Prevention Services Act

On February 9, 2018, the Family First Prevention Services Act (FFPSA) was signed into law. FFPSA paves the way for a

family-strengthening, prevention-focused infrastructure intended to enhance supportive services for families to help keep children safely at home, reduce the reliance on and use of congregate care, and expand the capacity and use of kinship care and family-based settings to support children and families.

FFPSA implementation brought together system partners to develop a Prevention Plan for San Diego County to include a Community Pathway for prevention services through the lens of an Integrated Core Practice Model.

Part IV of FFPSA was implemented on October 1, 2021, and through a collaborative effort between system partners, a county process was established to align with new federal requirements resulting in compliance with timelines for assessments and court hearings for approval of placement in an STRTP.

**Return to *Children and Family Wellness System of Care Partners*.**

[BACK TO PARTNERS](#)

# County of San Diego BHS Children's System of Care

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**San Diego County's Behavioral Health Services (BHS)** is an integrated system of care in which **Substance Use Disorder Services** and **Mental Health Services** are under the same umbrella.

It strives toward greater coordination of services and integration with the physical health system of care. BHS provides a continuum of prevention, mental health treatment, and Substance Use Disorder services for communities of all ages, embracing the Live Well San Diego vision of a region that is **Building Better Health, Living Safely** and **Thriving**.

The Children's System of Care under the BHS umbrella promotes resiliency, discovery, and well-being for children and youth. This is achieved through prevention and treatment that is focused on offering culturally competent, individualized, trauma-informed, community-based, collaborative, outcomes-driven, strength-based, youth-guided, and family-driven services. Jointly, we work to ensure that children and youth in our community are healthy, safe, successful in school, and law-abiding while they live in a community that supports them with strong family connections.





# Mission and Vision

Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood while living in nurturing homes with families.

## Principles

Click each card to learn more about the San Diego BHS Children's System of Care Principles.

Collaboration

Coordination and shared responsibility between child/youth/family, public agencies, private organizations, and education.

## Integrated

Services and supports are coordinated, comprehensive, accessible, and efficient.

## Child, Youth, and Family Driven

Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.

## Individualized

Services and supports are customized to fit the unique strengths and needs of children, youth and families.

Strength-Based

Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.

Community-Based

Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.

## Outcome Driven

Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.

## Culturally Competent

Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.

## Trauma Informed

Services and supports recognize the impact of trauma and chronic stress, respond with compassion and commit to the prevention of re-traumatization and the promotion of self-care, resiliency and safety



community, and safety.

## Persistence

Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.





# Who is Served?

Behavioral health programs under the Children's System of Care serve a diverse population. These youth come from culturally-diverse backgrounds and are treated for diverse behavioral health needs.

Many have co-occurring conditions—concurrent mental health and substance use problems that are identified by a mental health diagnosis and a substance use disorder diagnosis—or receive Substance Use Disorder treatment with enrollment in a mental health treatment program.

CYF provides Prevention and Early Intervention (PEI) services with participants under the age of 18, Teen SUD programs, and services to women with young children through women's Perinatal SUD programs.

About half of those served are typically adolescents between 12 and 17 years old and a number of children and youth are simultaneously served by other sectors such as Child Welfare Services or Juvenile Probation, or both.

Many of these children present with different service needs at different levels of care. BHS, Child Welfare, and Juvenile Probation collaborate with all of the sectors of the Children's System of Care to ensure youth and families are provided the most effective treatment for the unique needs of each child served.

BHS contracted services in the Children's System of Care are designed to serve Medi-Cal beneficiaries and unfunded children and youth up to age 21 who present with complex needs. Medi-Cal beneficiaries with mild or moderate mental health needs are referred to their managed care plan for services. Warm handoffs, which include treatment coordination with the youth and family and sharing of information between providers, occur when individuals move from one system to another.

## Oversight and Funding

### Oversight

BHS contracted services in the Children's System of Care are overseen by an administrative team who closely collaborates with Juvenile Probation, Child Welfare Services, Regional Center, and Education partners.

# Funding

Funding for programs comes from a number of sources, including:

- **EPSDT**, or Early and Periodic Screening, Diagnosis and Treatment funding
- Prop 63, otherwise known as the **Mental Health Services Act**, or MHSA, which was passed by voters in 2004, and imposes a 1% income tax on personal income in excess of one million dollars, allowing the California Department of Mental Health to provide increased funding, personnel, and other resources to support county mental health programs
- **Realignment** funding
- **Drug Medi-Cal** and federal **Substance Abuse Prevention and Treatment** Block Grant funding
- California Work Opportunity and Responsibility to Kids or **CalWORKs**, and
- Additional funding provided by blending with **Child Welfare Services**, **Probation**, and **First 5**

## Services

There is a significant overlap in youth being served between the various sectors included in AB 2083. For instance, a significant portion of youth and children receiving mental health services also receive Child Welfare Services. This highlights the need for collaboration and integration to better serve our families in the Children's System of Care.

BHS contracted providers offer over 100 programs specific to the needs of youth and families in all regions of the county. This includes prevention, mental health treatment, and substance use disorder treatment services.

As a service provider, it is important to be aware of the variety of services that are available to youth and their families. Take time to become familiar with the BHS Services Directory which includes details about each of the various programs available. You can access the very latest [BHS Children, Youth and Families Services Directory](#) at any time from the [BHS Services page on the San Diego County BHS website](#).

**Click to learn more about the services provided by San Diego BHS to support children, youth, and families.**

## Information and Referrals —

Information and referrals can be found as needed through websites, including the [BHS website](#), [sandiegocounty.gov](#), [up2sd.org](#), [211sandiego.org](#), and [optumsandiego.com](#). Also, the Access and Crisis Line is able to make referrals to the entire system including individual contracted Fee-For-Service providers. The number is (888) 724-7240 and it is available 7 days a week, 24 hours a day in all languages.

## Acute Care —

Crisis Services include emergency psychiatric care and crisis intervention counseling. Programs that serve children, youth, and their families in crisis and are able to respond quickly to urgent needs such as support, information, counseling, medication, and referral to other resources.

Hospitalization or inpatient psychiatric care is for mental health emergencies and situations that require intensive supervision for individuals who are a danger to self, dangers to others, or gravely disabled.

## Residential—Mental Health —

### Short-Term Residential Therapeutic Programs (STRTP)

STRTPs are licensed by the California Department of Social Services and are provided a Mental Health Program Approval by the California Department of Health Care Services (DHCS). STRTPs are residential facilities that provide an integrated program of specialized and intensive care and supervision, services and supports, specialty mental health services, and 24-hour care and supervision to children. Placing agencies primarily include Child Welfare Services (CWS), Juvenile Probation, and Regional Centers.

### Emergency Shelter (Polinsky Children's Center)

A temporary shelter for children who have been placed in protective custody for their safety. Short-term treatment and crisis intervention services as well as support in transitioning to community-based mental health treatment after discharge

### Community Treatment Facility (CTF) / Psychiatric Health Facility (PHF)

Mental health services are available 24 hours a day, 7 days a week in a secure environment with oversight by DHCS.

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## **Residential—Substance Use Disorder (SUD)**

### **SUD Teen Residential**

Provides non-medical, SUD treatment to adolescents ages 12-17 for approximately 90 days. The [SUD Programs for Adolescents brochure](#) provides more information.

### **SUD Transitional Housing**

Provides residential transitional housing to parents and their dependent children in an environment free of substance use upon completion of an SUD treatment program. The [SUD Programs for Adults and Older Adults brochure](#) provides more information.

### **SUD Perinatal Residential**

Non-medical residential substance use disorder (SUD) treatment, recovery, and ancillary services for women who are pregnant or parenting. The [SUD Programs for Women brochure](#) provides more information.

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## **Day School Services—Intensive Outpatient**

Intensive outpatient programs that include a full range of Title 9 specialty mental health services. These services are provided to children and youth identified through an Individualized Education Program (IEP) or school district process as needing a Special Education Classroom setting to be successful in school. Services are intensive and flexible to meet the needs of the client and assist in transitioning to a less restrictive classroom setting. Services are embedded within existing school settings.

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## **Outpatient Clinical Services—Inclusive of SchoolLink**

SchoolLink is a partnership between the County and local school districts to provide behavioral health services at schools. Services can be provided during or outside of school hours, on-campus or in a community setting, and are based on the student's and family's needs.

A Regional School Directory is available for each region on the [BHS Schools webpage](#), and additional resources and information are available at the [SchoolLink website](#).

## **Outpatient—Teen Recovery Centers (TRC)**

TRCs provide outpatient Substance Use Disorder (SUD) treatment, recovery, and ancillary services to adolescents aged 12-17 years old in the community and at identified school-based locations.

The [SUD Programs for Adolescents brochure](#) provides additional information and locations can be found in the Regional School Directories, accessible on the [BHS Schools webpage](#).

## **Outpatient—Specialty Programs**

Services provided in clinic, community, and home-based settings with a specialized service and/or target population.

## **Outpatient—Perinatal Programs**

Include outpatient perinatal programs that serve women and adolescent females who are pregnant and parenting, women, and children and offer gender-responsive substance use and co-occurring disorder treatment and other therapeutic interventions to address such issues as relationships, sexual and physical abuse, and parenting. Additional services at perinatal programs include parenting classes, childcare, and mental health services for children.

Refer to the [Substance Use Disorder \(SUD\) Programs for Women brochure](#) for more information.

## **Juvenile Justice—Specialty Programs**

BHS, the Probation Department, the courts, and other justice partners coordinate services to ensure that youth who have behavioral health needs receive services from a wide range of services and support within the Children's System of Care. Behavioral health services are available to youth who are in Probation

detention facilities as well as to youth upon release from a juvenile facility to assist with their transition back to the community.

## **Child Welfare Services—Specialty Programs**

Includes programs specializing in the treatment of youth involved in the child welfare system. The entire CYF network of services is available to CWS youth, but these programs were designed with consideration of the complex needs of youth involved in CWS, who may be placed in foster care, seeking reunification with biological family members, or a caregiver working towards case plan goals with a CWS worker. These programs are also found in other corresponding sections.

## **Prevention and Early Intervention (PEI)**

Regional county services that provide screening, early identification and early intervention to at-risk children in the identified public elementary schools. It utilizes a culturally appropriate Family Community Partnership (FCP) model that conducts outreach and behavioral health prevention activities utilizing parent-peer partners based on a Promotora model for families of preschool through elementary school age children in designated public school districts.

## **County Operated Programs**

These include three programs with licensed clinical behavioral health teams.

### **Continuum of Care Reform (CCR)**

The CCR Team provides oversight and accountability of the BHS components of CCR in San Diego County, including assisting group homes in transitioning into Short-Term Residential Therapeutic Programs (STRTPs), attendance at Interagency Placement Committee (IPC) meetings, and other joint collaboration within the implementation of CCR across BHS, Child Welfare Services (CWS), and the Department of Probation (Probation).

### **Pathways to Well-Being (Pathways)**

The Pathways Team provides ongoing technical assistance through on-site and virtual program outreach to BHS-contracted mental health treatment providers to ensure that youth who have more intensive needs and/or whose treatment requires cross-agency collaboration have an identified Child and Family Team (CFT) and receive Intensive Care Coordination (ICC), and if recommended and agreed upon by the CFT, Intensive Home-Based Services (IHBS). BHS, CWS, Probation, and family and youth partners have worked collaboratively to develop a shared vision to meet the Katie A. settlement requirements and expansion of services outlined in the California [Medi-Cal Manual](#) for ICC, IHBS, and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries. Additional information can be found in the [California Integrated Core Practice Model Guide](#).

### **Juvenile Forensics Services STAT**

Provides psychological and psychiatric services to the youth residing within the juvenile detention facilities. These services may include counseling, assessment, crisis intervention, psychiatric medication management, and transition-to-community-related assistance. In addition, Juvenile Forensic Services provides assistance to Juvenile Probation, Juvenile Court, and Child Welfare Services by way of expert consultation regarding mental health issues, mental competency screenings, and by providing other mental health evaluations for youth. The Juvenile Forensic Services are provided by the Behavioral Health Services Stabilization, Treatment, Assessment and Transition Team (STAT) at the following Probation detention facilities:

- Kearny Mesa Juvenile Hall
- East Mesa Juvenile Hall
- Urban Camp
- Healing Opportunities for Personal Empowerment (HOPE)

BHS and Probation have collaborated on the design for a new intensive treatment program for in-custody youth that began in July of 2021. The HOPE program supports the juvenile justice system's transition to a positive youth development model while also focusing on the interrelated triad of treatment needs typical of youth who are in custody and provides evidence-based and evidence-informed treatments for mental health, substance abuse, and criminogenic behavior.

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### **Fee-for-Service (FFS) Network** —

The County of San Diego FFS Network is a group of providers licensed independently to provide mental health treatment services in private practice settings to Medi-Cal beneficiaries. Optum Public Sector San Diego is the Administrative Services Organization that manages the FFS Network. The Fee for Service Provider Directory lists available providers and services offered by the County of San Diego through the FFS Network.

## Partnerships

To be most effective in the delivery of our services, we must collaborate with our youth and families and with partner agencies. This partnership sustains progress and long-lasting positive change. Collaboration is accomplished in a variety of ways.

### Children, Youth and Families—Nothing About Me, Without Me

Perhaps the most important partnership, involving the family within treatment is commonplace in our services. We highlight strengths and supports within the family and establish a partnership which enables them to take ownership of their services. It is an expectation that, when developing treatment plans, the family and youth are always at the center of the conversation.

### Youth and Family Support Partners

BHS employs Youth and Family Support Partners within contracted programs who have firsthand experience as a child, youth, or parent/caregiver of a child/youth that is receiving or has received services from public agencies serving children. Youth and Family Support Partners help programs to better support and offer further understanding of the families and youth they serve.

Many programs encourage service partners to be a part of the interviewing process, program advisory groups, company boards, and other important groups in which the voice of the consumer is critical.

### Program Advisory Groups

CYF providers are required to host annual Program Advisory Groups (PAGs) with youth and families to obtain feedback on the services provided.

### School Partnerships



We provide services at more than 400 schools in several school districts in The County of San Diego, including Prevention and Early Intervention, Individual/group/family treatment, case management/rehabilitative services, Intensive Care Coordination, In Home Based Services, crisis intervention, medication management services, and SUD treatment in Teen Recovery Centers who have satellites located in at least two schools of each county region.

The partnership between the schools, families, and Behavioral Health Services is critical in assisting the development of children and youth.



## Juvenile Forensic Services

Juvenile Forensic Services provide a variety of behavioral health services to children and youth who are involved with the Juvenile Court either through criminal or dependency proceedings. Access to services is managed through the Court, Juvenile Probation, or Social Services.

The Probation Department and Behavioral Health Services coordinate services to ensure that youth who have behavioral health needs receive services from a wide range of services and support within the

Children's System of Care. These services range from behavioral health services at the various juvenile detention facilities to services provided in the community.

Additionally, Juvenile, Forensic Assistance for Stabilization and Treatment (JFAST) is a Mental Health Court Calendar, comprised of partners from the Juvenile Forensics Stabilization, Treatment and Transition (STAT) Team, Probation, the Juvenile Court, Primary Public Defender, District Attorney, Vista Hill Juvenile Court Clinic, Wraparound providers and other mental health professionals and community representatives. Youth referred to the program are screened by Probation and a behavioral assessment is completed by the BHS STAT Team. When a youth is accepted into the JFAST Program a case plan is developed that is formalized at a hearing that identifies the conditions and terms of probation. Participants receive individualized treatment services which can include individual and family therapy, wraparound services, SUD counseling, and case management services.

## Child Welfare Services

BHS contracted providers actively participate in Child and Family Teams and Child and Family Team Meetings for children and youth with CWS involvement who have behavioral health needs. Under the Children's System of Care, there are multiple CWS-specific behavioral health programs, including wraparound, outpatient treatment geared towards permanency, developmental needs for children 0-5, mental health treatment services in Short-Term Residential Therapeutic Programs, and perinatal SUD services.

## Specialty Services

The County of San Diego BHS Children's System of Care provides a number of resources geared toward children and youth in crisis or who are particularly vulnerable.



## Emergency Services

There are times when individuals and families face mental health emergencies and our county is equipped to provide immediate assistance. It is important to be familiar with these services to provide referrals to youth and their families.

[Click to learn more about San Diego Behavioral Health Emergency Services.](#)

### ESU —

The **Emergency Screening Unit (ESU)** is open 24 hours, seven days a week. When a child requires a crisis assessment, for instance, if there is expressed suicide intent, the family or police will take the child to the ESU to be screened and triaged to the appropriate

services from there. ESU provides crisis stabilization for up to 23 hours and 59 minutes and has three emergency “cool beds” available to place youth in crisis who do not require acute care. The **Behavioral Crisis Center** and **Mobile Assessment Team** service those in the northern region of our county who are experiencing an emergency mental health situation.

## Access and Crisis Line —

The **Access and Crisis Line** is a hotline that is available 24 hours a day, 7 days a week. Anyone, no matter the age, can call **(888) 247-2470** and speak to a live operator to be connected to the needed referral. A helpful way to remember this important number is that they are available 24 hours a day, 7 days a week, repeat that again, and then 0 for a live Operator. Operators at this line will talk to you about what services are available in your area, for all ages, including mental health services for those with Medi-Cal or no insurance, services for alcohol or substance use, suicide prevention, medication needs, and more. Spanish-speaking counselors are available most hours, as well as language interpreters for 140 languages.

## Youth Inpatient Facilities —

If a youth has been screened and a high level of care is required, there are three inpatient facilities to meet those needs: **Aurora Behavioral Health**, **Sharp Mesa Vista Hospital**, and University of California San Diego **Child and Adolescent Psychiatry Services (CAPS)**.

## PERT —

The **Psychiatric Emergency Response Team (PERT)** responds to 911 calls that involve a person with a psychiatric condition that is experiencing a life-threatening situation (i.e., exhibits a threat to themselves or others). PERT contributes to the well-being of individuals experiencing a mental health crisis, with the goal of more humane and effective handling of incidents involving law enforcement officers and individuals with mental illness, developmental disabilities, and/or Substance Use Disorders.

## MCRT —

**Mobile Crisis Response Teams** (MCRT) provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists. Access is through calling **County's Access and Crisis Line (888) 724-7240**.

## Services for Special Populations



While all partners in our system of care work with and strive to provide the best possible services to individuals from vulnerable populations, CYF recognizes that there have been populations of youth that are

particularly vulnerable yet have either not been served or have been underserved and has identified reaching these populations as especially important.

Programs have been implemented to specifically meet the needs of the following populations and their families:

- Children ages 0-5
- Children and Youth in Foster Care
- Youth on probation
- Youth experiencing homelessness
- Transition Age Youth (TAY)
- Underserved cultural groups
- Youth with co-occurring conditions
- Commercially sexually exploited youth
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI) youth
- Pregnant and parenting women and teens
- Pathways to Well-Being eligible youth

## Collaborative Efforts Successes

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### The CFT Meeting Facilitation Program

Effective September 1, 2018, the CFT Meeting Facilitation Program is jointly developed, funded, and monitored by Behavioral Health Services (BHS), Child Welfare Services (CWS), and Juvenile Probation. This highly effective, collaborative program is responsible for scheduling, organizing, and facilitating CFT meetings for children and youth up to 21 years of age involved with BHS, CWS, and Probation within the Children's System of Care. CFT

meetings are convened throughout the life of a case at integral timepoints. The CFT program promotes system collaboration, building culturally relevant and trauma-informed systems of supports and services that are responsive to the strengths and underlying needs of families.

Return to *Children and Family Wellness System of Care Partners*.

[BACK TO PARTNERS](#)

## County of San Diego Juvenile Probation

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The **Youth Development and Community Support Services (YDCSS)** is a bureau of the San Diego County Probation Department which provides supervision, support, and services to youth who have been adjudicated as **wards of the Juvenile Delinquency Court**.

Being made a ward of the Juvenile Court means that the court takes primary responsibility for the control and treatment of the youth. The youth can remain in the home on probation, be ordered to a foster care placement, or be committed to a custodial environment.



YDCSS is comprised of an *institutional division*, which provides support and services to youth in a detention or custodial programming environment, and a *field division*, which provides supervision, support, and services to youth in the community.

YDCSS provides a continuum of support, services, and interventions ranging from linking youth with diversion opportunities, community-based interventions, and custodial-based interventions.

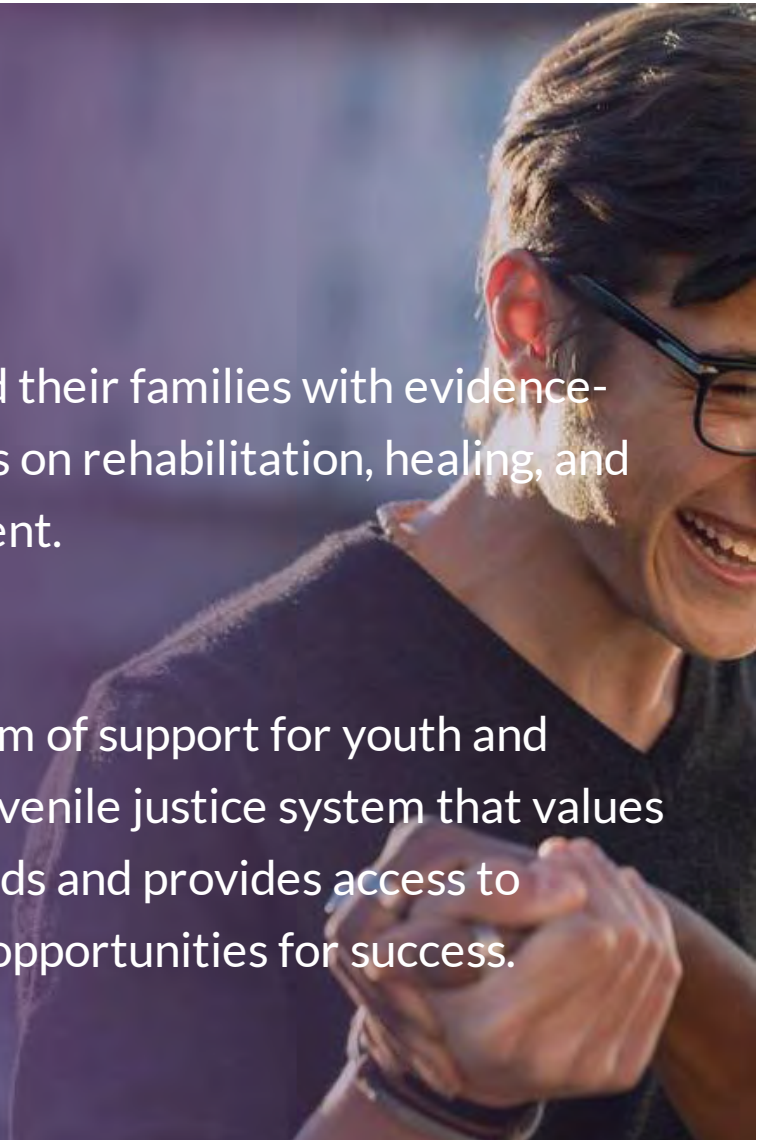
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## Mission

To fully support youth and their families with evidence-based practices that focus on rehabilitation, healing, and positive youth development.

## Vision

A fair and equitable system of support for youth and families involved in the juvenile justice system that values the youth's individual needs and provides access to meaningful and relevant opportunities for success.



# Core Values and Guiding Principles

The San Diego County justice partners include the San Diego Probation Department, the Juvenile Court Bench, the District Attorney's Office, the Public Defender's Office, and the County of San Diego Public Safety Group. These partners jointly developed and upheld a shared set of **Juvenile Justice System Core Values and Guiding Principles**. These beliefs and values are based on twenty-plus years of national research, evidence-based practices, and nationally recognized promising approaches to improve outcomes for youth and keep communities safe. As a department and collective system, we prioritize prevention and early intervention programs and services for at-risk youth to help redirect delinquent behavior and support the healthy development of youth.

## Core Values

Respect	Equity	Commitment	Compassion
Motivation	Positivity	Innovation	Collaboration

## Guiding Principles

- **Public safety is our priority**
- **Maintain fiscal stability**
- **Promote a culture that values diversity, fairness & equity**
- **Conduct business with transparency and accountability**
- **Act with integrity**
- **Continually challenge ourselves to enhance our knowledge and expertise**

## **Roles and Responsibilities**

Probation officers are tasked with:

- Conducting social history investigations for the Court to be used in determining appropriate dispositions for youth in Court
- Supervising Probation youth in the community focusing on strengths, risks, and needs, utilizing evidence-based intervention strategies and programs
- Completing quality contacts with youth to evaluate progress and success in treatment
- Providing case management services and linkage to any additional resources and services
- Collaborating as Officers of the Court by creating appropriate case plans for rehabilitation

- Assisting in Law Enforcement Investigations when appropriate
- Collaborating with other community stakeholders and law enforcement agencies
- Utilizing an array of incentives and interventions to support youth in their success and to assist with accountability
- Assisting victims



## Referrals to Probation

All law enforcement referrals are received and initially processed by the District Attorney's (DA) office to identify whether a referral will be forwarded to the Probation Department.

The DA may choose to process cases under their Juvenile Diversion Program, forward to Probation to be reviewed for filing of charges, or file the charges directly.

Youth are arrested by a law enforcement agency (e.g., local police department, sheriff's department) and then the matter is processed by the arresting agency and sent to the District Attorney's office.

A youth may be arrested and released back to the home by the arresting agency while the agency processes the charges through the DA's office.

If the youth is brought to Juvenile Hall by the arresting agency, the Probation department screens the youth to identify the risk level. Based on the assessment the youth may be released home pending a "promise to appear", referred to Alternatives to Detention (ATD) for services pending the process, or booked into Juvenile Hall if the youth meets the high-risk criteria.

## Juvenile Diversion Initiative

In 2021, the District Attorney's Office began a juvenile justice reform initiative designed to keep young people completely out of the criminal justice system while addressing the underlying cause of their harmful behavior.

The Juvenile Diversion Initiative (JDI) is a countywide early intervention program that prioritizes diversion options for youth instead of filing criminal charges. The goal of JDI is to reduce the number of youth who enter the juvenile justice system, engage the community and stakeholders in the youth's rehabilitation, and address the causes of the youth's unsafe behaviors while at the same time fostering accountability to crime victims and community.

JDI provides youth facing a misdemeanor or felony charge the option to participate in diversion before charges are filed as an alternative to prosecution and to avoid future negative outcomes associated with formal proceedings. An additional benefit of JDI is the anticipated reduction in formal court proceedings, freeing up limited resources and services for high-risk youth in need of more intensive rehabilitative services.



## How Youth are Served

When a youth is placed on probation by a juvenile court judge, the youth will be **supervised** and **supported** by a probation officer, serving as a **case manager**, who may make regular contact with them at their home, school, and work.

The **San Diego Risk and Resiliency Check-Up (SDRRC II)** is the main assessment tool officers utilize for assessing a youth's criminogenic risk level and needs.



Youth supervised by the Probation Department are assessed according to their individual risks and needs and placed in a corresponding program of **rehabilitation** and **supervision**.

Youth may also be required to participate in specific rehabilitation programs, attend school, or pay restitution, in addition to maintaining a law-abiding lifestyle.

## San Diego Risk and Resiliency Check-Up (SDRRC-II)

The SDRRC-II is a general assessment tool used to identify youth's actuarial risk and criminogenic needs. It is a validated tool rooted in the foundations of Evidence-Based Practices for Corrections, including the Risk-Need-Responsivity (RNR) principle.

### Assessment

Youth are initially assessed prior to Disposition and at ongoing intervals. The assessments are completed using Motivational Interviewing and Integrated Behavioral Intervention Strategies (IBIS).

The assessed criminogenic needs inform officers in the development of a youth- and family-focused case plan, which is used to encourage behavior change and to match the youth with the corresponding level of probation supervision.

## Determining Level of Services—The Disposition Matrix

Upon the completion of the SDRRC-II and the identification of the youth's risk level, officers utilize the Disposition Matrix to determine the optimal dispositional level of intervention.

The Disposition Matrix is utilized at disposition, for a new offense, to match youth to the programs and services needed for success while reducing disparities. The tool is designed to guide officers in determining the best intervention for each youth.

The Disposition Matrix is an evidence-based decision-making tool to assist Youth Development and Community Support Services' (YDCSS) probation officers with matching youth to the optimal level of supervision and interventions. The disposition recommendation is based on the youth's assessed risk level (as determined by the SDRRC-II) and the most serious presenting offense or true finding. Recommendations are based on the Risk-Needs-Responsivity (RNR) framework.

## Probation Services

Probation provides a range of services and collaborates through partnerships to ensure youth receive the appropriate level of supports while under supervision. These services occur in the community through casework if the youth is released or in detention if they are referred to Custodial Commitment. Let's first look at the **Regional Casework Services**. Probation also works with Collaborative Courts.

# Regional Casework Services

In each of the sections below, click each service provided by San Diego Juvenile Probation to learn more.



# Therapeutic Services

## BridgeWays —

A countywide community-based behavioral health program serving in and out of custody youth up to age 21. They provide substance use recovery services, family support, and 24-hour crisis support for MediCal or uninsured youth.

## SHINE —

Strengthen, Hope, Inspire, Nurture, Engage (SHINE) is a countywide program serving youth ages 12-18. It is a short-term (12-15 week), strength-based intensive intervention focusing on decreasing oppositional behaviors and conduct disorders, strengthening family functioning, and more. Youth are required to reside with at least one parent or guardian.

## WRAP —

WRAP services are offered countywide for youth up to 18 years old. Intensive services, care coordination, case management services, and more are offered to families.

## Substance Abuse Services (SAS) —

Substance Use Disorder services for youth 12 and up are offered countywide. Primarily these services focus on education, prevention, and intervention.

## I Care —

**I CARE** is a trauma-informed program that provides supportive services to youth up to the age of 21 who are at risk of or have experienced commercial sexual exploitation. Services include individual and family therapy, psychiatric, crisis support, case management, educational and employment support services, and more.

## Regional Clinicians —

Regional clinicians co-located with probation staff provide short-term direct services and long term case management services, and referrals to the community for youth up to 21 years old, countywide.

# Support Services

## Alternatives to Detention —

**Alternatives to Detention** provides a continuum of alternatives countywide for youth up to age 18 who pose a low risk for flight or potential danger to the community. Intensive case management, risk assessment, counseling, case advocacy, family services, and more are offered.

## CHOICE —

**CHOICE** provides intensive community-based mentorship and supervision for youth up to 18 who are beginning to struggle with compliance in the South and Central regions of the county.

## Achievement Centers —

Achievement Centers in the North, Central, and East regions of our county provide intensive, community-based after-school alternatives for youth up to age 19. Transportation, pro-social skills training, meals, tutoring, and more are offered.

## Resilience Mentorship —

Resilience Community Mentoring is a program offered in the Central and North regions targeting youth up to age 24. Youth attend group sessions and regular meetings and are assigned mentors to work through a curriculum with.

## WINGS —

**WINGS** is offered countywide to youth up to 21. This program targets justice-involved females. Home visits, family conflict mediation, girls groups, substance use treatment groups, literacy, and tutoring are just some of the services offered.

## Voices for Children —

Voices for Children is offered countywide through Court Appointed Special Advocates (CASAs) for youth up to 21. These advocates serve youth in the areas of family permanence, education, and placement in the courtroom and in the community.

## Custodial Commitment

### Urban Camp —

If a youth is committed to urban camp, they can receive services in education through the San Diego County Office of Education; access to college courses through a partnership with local community colleges; medical, dental, and mental health services; access to religious services; treatment and education related to their risk factors (such as substance use and anti-social peer groups); and programming to support prosocial growth such as career technical education or athletics.

### HOPE —

**HOPE** is a newly developed intensive custodial intervention program for youth that replaced the program previously known as the Youthful Offender Program (YOU). This innovative program supports a therapeutic model in which BHS Juvenile Forensics Services Stabilization, Treatment, Assessment, and Transition (STAT-HOPE) clinicians work side-by-side with Probation staff in the units to create a therapeutic milieu that is both strengths-based and trauma-informed. This will allow youth to practice newly acquired skills in a safe environment, while also maintaining structure and personal accountability.

Youth will be actively engaged in positive aspects of their home community to decrease recidivism and further improve long-term outcomes by helping youth to more quickly exit probation and thrive in the community. The HOPE program will actively work to foster engagement with the larger San Diego community. To accomplish this, family members, other positive allies of the youth, and community-based organizations will be an integral part of the in-custody treatment program. As a youth progresses through their therapeutic program, they will have the opportunity to utilize furlough leave so they can engage in prosocial community activities involving family, education, vocational training, and recreational activities. This will allow the youth to have progressively increasing responsibilities, while slowly decreasing the supervision required.

Once the youth has successfully completed their treatment and in-custody time, a warm hand-off will occur with the community supervision component to continue to receive services from a contracted service provider to ensure success once returning home.

## Detention Facilities —

As of 2021 probation operates two custodial institutions within San Diego County: the East Mesa Juvenile Detention Facility and the Youth Transition Campus, which opened in January 2022. Youth who go through the disposition process and are found to require a more intensive level of intervention and may pose a higher risk of community safety concern can be served at one of our custodial settings, employing the Youth in Custody Practice Model (YICPM).

## Youth in Custody Practice Model (YICPM)

Informed by research on “what works” in serving youth in custody, as well as professional standards and the field’s preeminent thinking on best practices, the YICPM initiative is designed to assist state and county juvenile correctional agencies and facility providers in implementing a comprehensive and effective service delivery approach.

The YICPM offers agencies and facilities guidance on essential practices in key areas such as family engagement and addressing racial and ethnic disparities, as well as practices in four important domains.

- 1 promote safe, fair, and healthy environments for youth, staff, and families
- 2 prepare, equip, empower, and support staff to provide effective services
- 3 increase positive youth and family experiences and outcomes
- 4 enhance community safety

The Youth Transition Campus’ foundation is formulated from the YICPM, focusing on intensive treatment and a holistic approach to address youth's mental, physical, emotional, and educational needs.

The focus of the YICPM centers around youth in post-dispositional custody, providing services and supports from disposition to re-entry organized around four main practice areas:

Click the plus signs to learn about the YICPM practice areas.





**Case Planning**

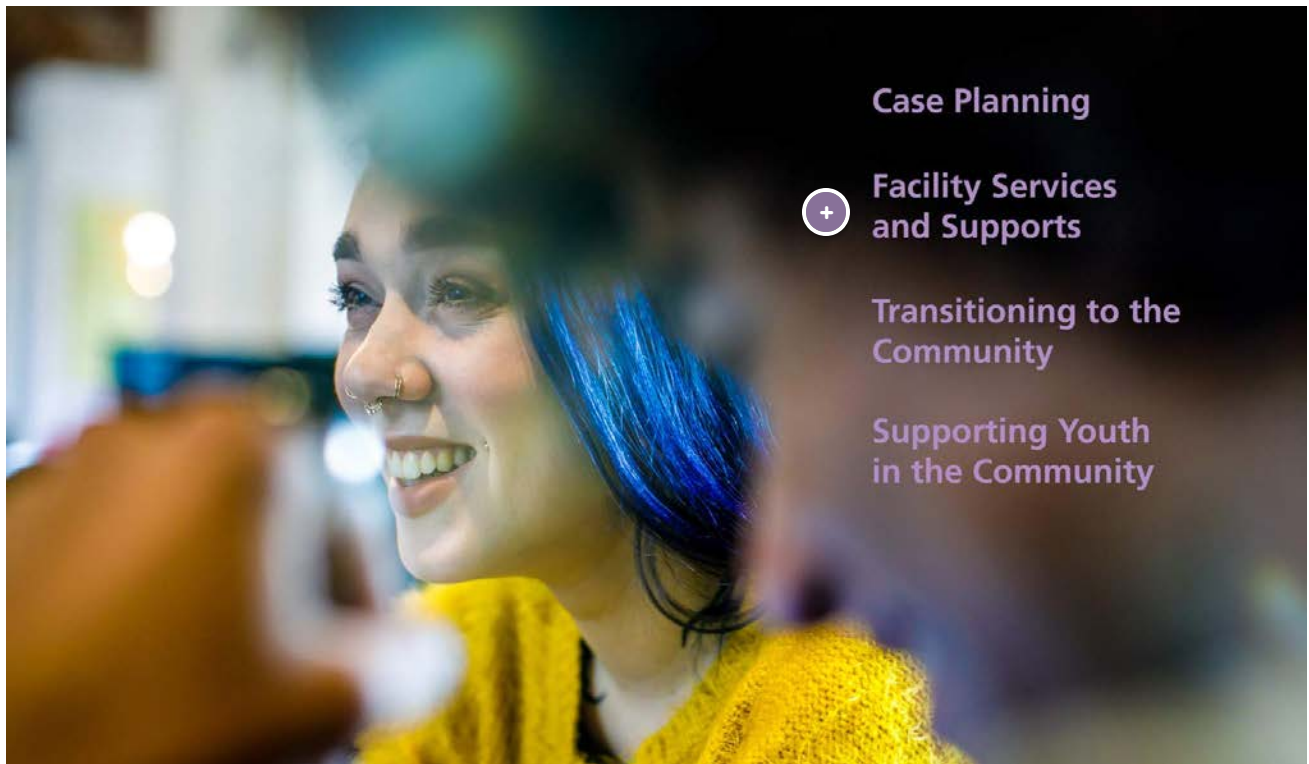
**Facility Services  
and Supports**

**Transitioning to the  
Community**

**Supporting Youth  
in the Community**

## **Case Planning**

The Department utilizes re-entry officers in the facilities to assess the needs of youth and to conduct comprehensive case planning services with the youth, family, and a multi-disciplinary team of providers to ensure that the youth receive the necessary services and supports.



## Facility Services and Supports

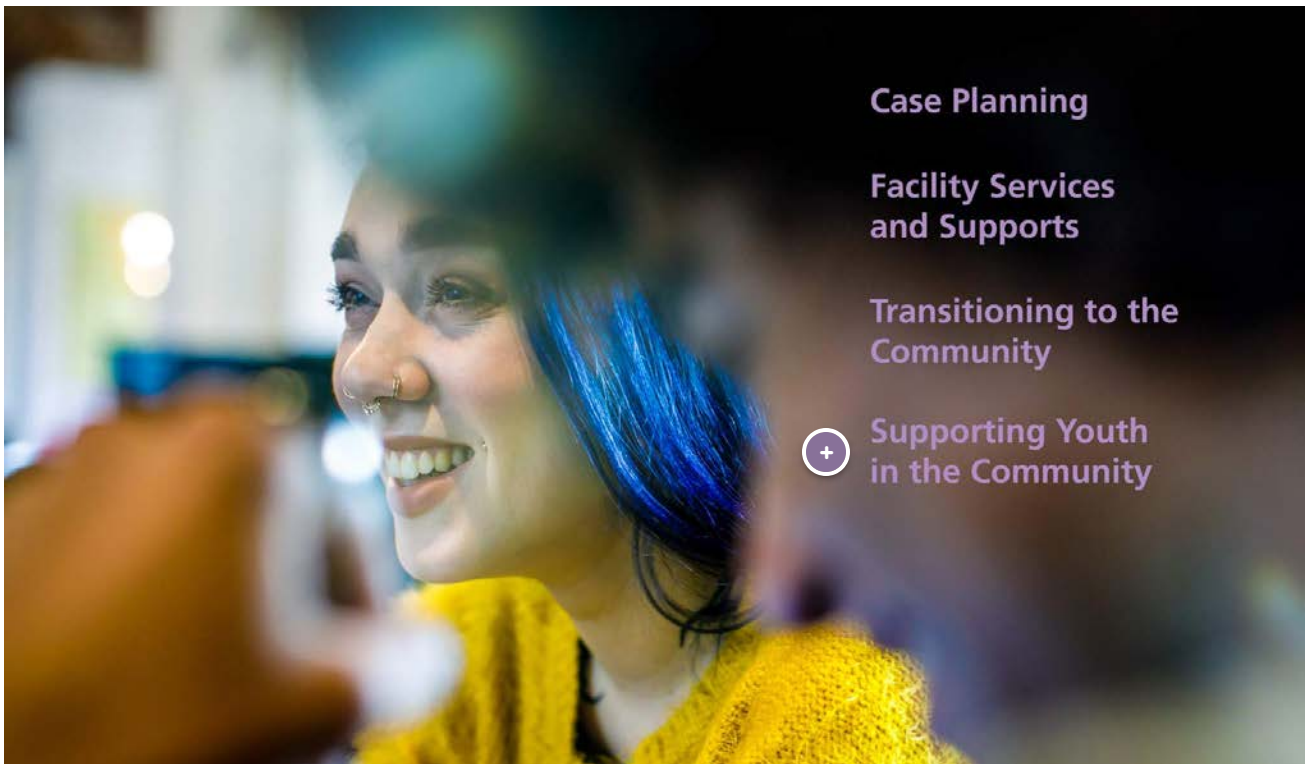
The Department has and is continuing to update our custodial facilities to reflect a more home-like environment and opportunities for expanded family and community engagement and programming. A new Youth Development Campus was recently built in Kearny Mesa—a state-of-the-art facility with a therapeutic, educational, and rehabilitative environment.





## Transitioning to the Community

Planning for community transition begins at the time of a youth's commitment. This is done in partnership with the youth, family, therapeutic staff, program staff, and community supports. The youth's case plan follows the youth in-custody. Multi-disciplinary team meetings are held in preparation for community transition and focus on a continuity of care and a warm linkage approach.



## Supporting Youth in the Community

The Department utilizes a wide array of community-based supports and services for youth.

These practices stem from the view that services and approaches for system-involved youth and their families should be research-based, developmentally appropriate, family-centered, individually focused, predicated on validated assessments, strength-based, trauma-informed, data-informed, outcome-driven, culturally responsive, and coordinated.

## Juvenile Collaborative Courts

There are several collaborative court options for youth with intense and specific needs. As the name implies, Collaborative Courts utilize a multi-disciplinary team approach to supporting the youth. The team is comprised of specially assigned Judges, probation officers, deputy district attorneys, and public defenders assigned to the court, allowing for a consistent team that is directly involved in all aspects of the youth's treatment plan and journey.

## Juvenile Forensic Assistance for Stabilization and Treatment (JFAST)

The JFAST program is designed for youth with mental health needs. Youth who are accepted into the program after a screening hearing will attend monthly hearings where their progress towards addressing their mental health issues and general compliance with court-ordered conditions will be reviewed. Each collaborative partner, including the Juvenile Court, Public Defender, District Attorney, Juvenile Forensic Services (staff who provide services through the Stabilization, Treatment, Assessment and Transition, or STAT, program), and the Probation Department will play a role in this rehabilitative program. Additionally, the Juvenile Court Clinic, presently operated by the Vista Hill Foundation, and Wraparound Services such as the community-based organization San Diego Center for Children, will provide support and services. Also included are therapists through North County Lifeline as well as Juvenile Recovery Specialists through San Diego Youth Services. The program includes frequent and random drug testing, judicial supervision, drug treatment counseling, therapy, wraparound services, as well as the use of Court-imposed sanctions and incentives.

## Resiliency Is Strength and Empowerment (RISE)

RISE Court is a collaborative, engaged, and trauma-informed court that uses a multidisciplinary approach to address the needs of youth who may have a history of, or may be at risk for commercial sexual exploitation. RISE Court aims to engage and support youth and their families to achieve their full potential by using the "Five Cs" model of positive youth development:

competence

confidence

character

connection

contribution

## Dual Status Court

Whenever a youth in San Diego appears to come within the description of WIC §§ 300 and 602, Probation and Child Welfare Services, in consultation with the Presiding Judge of the Juvenile Court, may create a protocol to jointly assess and provide a recommendation that a youth be designated as *Dual Status*, allowing the youth to be simultaneously a dependent child and a delinquent ward of the Court. A Meet and Confer hearing is held to determine if a youth should be deemed *Dual Status*. The Presiding Judge then names a lead agency—either Probation or CWS. Each agency has assigned responsibilities based on whether they are the lead and they collaborate their efforts. Once declared a *Dual Status* youth, the probation officer and social worker provide collaborative case management and coordination of services to support the youth.

## Collaborative Efforts Successes

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For Probation, successful collaborative efforts include **Child and Family Team (CFT) meetings** and the **Interagency Placement Committee (IPC)**. These collaborative efforts help improve service delivery to youth who are being considered for placement in congregate care.

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Return to *Children and Family Wellness System of Care Partners*.

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## San Diego Regional Center

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**San Diego Regional Center (SDRC)** is a non-profit organization, who **contracts with the State of California** through the Department of Developmental Services (DDS) **and provides a variety of services** to persons with intellectual and developmental disabilities, their families, and the community.

SDRC serves San Diego and Imperial Counties. The primary goal of SDRC is to provide support services that allow an individual to develop skills needed to function independently as a contributing member of society. To achieve this goal, service coordinators assist in securing needed services through generic resources, community agencies, referrals, and/or purchase of service.

### Who is Served?

Regional Centers serve individuals who have developmental disabilities which are causing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to help the individual in achieving maximum potential. To be eligible for Regional Center services, a person must have a disability that begins before the individual's 18th birthday that is expected to continue indefinitely and present a substantial disability.

## Qualifying conditions include:

**Intellectual Disability**

**Cerebral Palsy**

**Epilepsy**

**Autism**

**Other disabling conditions as defined in Section 4512 (a) of the California Welfare and Institutions Codes (WIC).**



San Diego Regional Center oversees the California (CA) Early Start program, a federally funded program through Part C of the Individuals with Disabilities Act (IDEA), which is designed to identify children before age 3 who are at risk and provide early intervention services.

## Eligibility

### Eligibility for Services: CA Early Start

According to the California Code of Regulations: Title 17, Chapter 2, Section 52022 which outlines eligibility criteria for the California Early Start program, infants or toddlers from birth up to age 36 months may be eligible for early intervention services through Early Start if, through documented evaluation and assessment, they meet one of the criteria listed below:

- They have a developmental delay of at least 33% in one or more areas of cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing, or
- They have an established risk condition of known etiology, with a high probability of resulting in delayed development, or



- Are considered at high risk of having a substantial developmental disability due to a combination of biomedical risk factors which are diagnosed by qualified personnel

### **Provisional Eligibility for Services**

A child who is three or four years of age, who is not otherwise eligible for regional center services as a result of a developmental disability as specified in WIC §4512 (a), can be provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by the regional center and as appropriate to the age of the child:



- **Self-care**
- **Receptive and expressive language**
- **Learning**



- **Mobility**
- **Self-direction**

A child who is provisionally eligible shall be reassessed at least 90 days before turning five years of age. The child shall meet the definition of developmental disability set forth in WIC §4512 (a) to be eligible for ongoing regional center services at five years of age.

### **Timeline of Services: CA Early Start Services**

**Within 45 days** of eligibility, the regional center or local education area shall:

**Within 45 days of eligibility, the regional center or local education area shall:**

<b>Obtain parental consent for evaluation</b>	<b>Schedule and complete evaluations and assessments of the child's development</b>	<b>If an infant or toddler is eligible for early intervention services, develop an Individual Family Service Plan (IFSP) that addresses the strengths and needs of the infant or toddler, parental concerns, and early intervention services</b>	<b>Identify early intervention services that are provided in the family home or other community settings</b>
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## **SDRC Referral Process**

Referrals can be made by parents, medical care providers, neighbors, family members, foster parents, and daycare providers.

The first step that parents may take is to discuss their concerns with their health care provider/doctor. You can also call the local regional center or school district to request an evaluation for the child.

If the child has a visual impairment, hearing impairment, severe orthopedic impairment, or any combination of these, contact the school district for evaluation and early intervention services.

After contacting the regional center or local education agency, a service coordinator will be assigned to help the child's parents through the process to determine eligibility.

Parent-to-parent support and resource information is also available through Early Start Family Resource Centers.

## Intake Timeline

**Regional Center has 120 days to complete the eligibility determination following the initial intake.**

Assessment may include collection and review of available historical diagnosis data, provision or procurement of necessary tests and evaluations, and summarization of development levels and service needs.

Regional Center may consider evaluation and tests, including but not limited to:

- **Intelligence tests**
- **Adaptive functioning tests**
- **Neurological and neuropsychological tests**
- **Diagnostic tests performed by physician**
- **Psychiatric tests**
- **Other tests or evaluations that have been performed by, and are available from other sources**

## San Diego Regional Center Services

Regional centers provide diagnosis and assessment of eligibility and help plan, access, coordinate, and monitor the services and supports that are needed because of a developmental disability.

A service coordinator is assigned to eligible individuals who help develop a plan for services, identify where services are available, and coordinate the services.

Most services and supports are free regardless of age or income.



A person-centered planning approach is used to decide where a person with developmental disabilities will live and the kinds of services needed. Everyone who uses regional center services has a planning team that includes the individual using the services, family members, regional center staff, and anyone else who is asked to be there by the individual. The team ensures that services support the individual's choices including where they live, how they spend the day, and their hopes and dreams for the future.

## Individual Program Plan (IPP)

For any person who is found eligible for regional center services, an Individual Program Plan (IPP) will be developed within 60 days following the completion of the intake process.

The IPP is prepared jointly by the planning team which includes the individual with developmental disabilities and where appropriate, their parents and legal guardian or conservator, or authorized representative. The IPP is developed through a Person-Centered process that reflects the individual's life goals, capabilities and strengths, preferences, barriers, and concerns or problems.

The IPP and the provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and their family, where appropriate, as well as promoting community integration, independent, productive and normal lives, and stable and healthy environments.

The goals reflected on the IPP reflect the preferences and choices of the person with developmental disabilities and reflect the cost-effective use of public resources.

Decisions regarding goals, objectives, and services and supports that is included in the IPP and purchased by the Regional Center or obtained from generic resources shall be made by agreement between the Regional Center representative and the individual with developmental disabilities, or where appropriate, the parents, legal guardian, conservator, or authorized legal representative at the program plan meeting.

## Funding Services

Regional Centers are directed under California Welfare and Institutions Codes to identify and pursue all possible sources of funding for individuals receiving regional center services. This includes the utilization of generic services and supports and other services and sources of funding before Regional Center can purchase services and supports.

Regional Center considers family's responsibility for providing similar services and supports for a minor child without disabilities in identifying the services and supports for a child with developmental disabilities in the least restrictive and most appropriate setting.

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# San Diego County Office of Education

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The **San Diego Office of Education** supports **schools** throughout the county with business, curricular, and other services, **inspiring and leading innovation** in education.

## Who is served?

The San Diego County Office of Education (SDCOE) serves our county's most vulnerable students and supports school leaders, teachers, students, and key partners across the county.

SDCOE provides services to 42 school districts, 124 charter schools, and 5 community college districts in support of students who:



- **Need special physical or emotional support**
- **Have been expelled from their school districts**
- **Are detained at a juvenile detention facility**
- **Are in foster care**
- **Are experiencing homelessness**
- **Are from migrant families**
- **Are pregnant or parenting**
- **Are in drug treatment programs**

Two programs are involved in providing services within the Children's System of Care: the **Foster Youth Services Coordinating Program (FYSCP)** and **Special Education Services**.



## **Foster Youth Services Coordinating Program (FYSCP)**

The Foster Youth Services Coordinating Program (FYSCP) represents a partnership among San Diego County's key stakeholders focused on improving the educational outcomes of children and youth in foster care and those on probation. It serves children and youth, ages 4 to 21, both in and out of home placements. The FYSCP key partners work in close collaboration to strengthen and enhance educational services to students in foster care.

These key partners include:

**School Districts**

**Community Colleges**

**Child Welfare Services**

**Probation**

**Juvenile Court**

**Advocacy Agencies**

**Substitute Care Providers**



## Funding and Oversight

As outlined in AB 854, The Foster Youth Services Coordinating Program (FYSCP) is a program that supports the educational achievement of pupils in foster care. The California Department of Education monitors program compliance.

The FYSCP Funding formula is based annually on the number of students in foster care on a census day in October and the 42 school districts within San Diego County. The success of the FYSCP has contributed to landmark California education finance reform that prioritizes the educational needs of pupils in foster care under the Local Control Funding Formula (LCFF).

## Accessing Services

FYSCP has eight Educational Liaisons who are co-located staff with Child Welfare Services. Educational Liaisons provide support in all identified areas of need as it relates to the students' education. FYSCP provides a range of services, just a few of which include:

- **Tutoring**
- **FAFSA support**
- **Training regarding the laws related to the education of students in foster care**
- **Assistance with getting school records**
- **Guidance on Best Interest Determinations**
- **Transportation support to school of origin**

Referrals can be made by any support person in the student's life, however, they are generally made by social workers.



## Eligibility for Services

AB 490 Foster Care Liaisons are tasked with identifying and providing support around all identified areas of need. Students who were identified as having the greatest need are prioritized, with a commitment to prioritize services to students in out-of-home care and in the highest level placements.

Students in need of any assistance are referred to an Educational Liaison at a Child Welfare Services regional office. Referrals can be made by Child Welfare Services, Local Education Areas (LEA) or school districts, Educational Rights Holders (ERH), care providers, and community-based organizations. A referral is opened and the Educational Liaison will investigate and provide support in all identified areas of need. The referral will remain open until all concerns have been addressed.

## Partnerships are Fundamental

The County Office of Education is uniquely situated to support interagency collaboration and capacity building while preserving the ability to provide direct services when there are identified gaps in service at the local level. The local Executive Advisory Council (a multi-disciplinary stakeholder committee) establishes that these services are needed and aligned with local control and accountability plan priorities.

## Roles & Responsibilities

FYSCP is here to help support the educational needs of students in foster care by assisting with enrollment, ensuring transportation to school of origin, attending CFT meetings, and facilitating the transfer of school records.

They help inform and train LEA's regarding the laws and best practices, but they have no authority over any LEA or school district to enforce the laws and mandates for students in foster care.

## Connecting with FYSCP

Contact any FYSCP staff to coordinate partnerships or join our FYSCP Executive Advisory Council College Connection Advisory Board, a collaborative meeting for programs that connects TAY students and higher

education.

For more information about the **Foster Youth Services Coordinating Program**, visit the [FYSCP page on the San Diego County Office of Education website](#).

## Special Education Services

Students with a disability that affects their academic performance and educational achievement are eligible for specially designed instruction. Special Education (SPED) can only address issues happening at school during the day.

### How do Youth Receive Services?

Qualifying for special education services involves an evaluation that begins with a Student Study Team (SST) or Response to Intervention (RTI) meeting. During this meeting:

- 1 Strengths and concerns are discussed
- 2 Interventions are put into place
- 3 A time period is given to determine whether interventions are working

A second meeting may be held to discuss progress. The team will decide if an Assessment Plan should be signed by the Educational Rights holder at either meeting or to continue with the interventions that are working without an Assessment.

## Timelines

*Within 15 School Calendar Days*

**Request for Assessment**

*15 School Calendar Days*

**Return Signed Plan**

*60 School Calendar Days*

**IEP Team Meeting**

*30 School Calendar Days*

**Request for IEP Review**

### *Post Assessment*

Report created to determine eligibility for SPED and related services

## Collaborative Efforts Successes

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### **San Diego County-Wide Transportation MOU**

Transportation to their school of origin remains a barrier for youth in foster care. However, CWS, FYSCP, and local school districts have spearheaded a countywide transportation agreement (including a cost-sharing plan) that will provide transportation services to allow a student

to remain at the same school regardless of their placement.  
This plan is Every Student Succeeds Act (ESSA) compliant.

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Return to *Children and Family Wellness System of Care Partners*.

BACK TO PARTNERS



# Partnering in Action

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AB 2083 is all about **expanding and strengthening partnerships** across our service delivery system **to better meet the needs of the children, youth, and families** in our Children's System of Care.

## Screening and Assessment

With the diversity of system partners, services, and the varying scope of work of each, system partners use an array of screening and assessment tools, are aware of the different types and purposes, and understand that some are similar and overlapping. Each system partner also has its own timeline requirements and alignment to statutes, both state and federal, such as the Lanterman Developmental Disabilities Services Act and the Individuals with Disabilities Education Act (IDEA).

[Click the cards to learn about screening and assessment tools used in the Children's System of Care.](#)

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Child Welfare Services

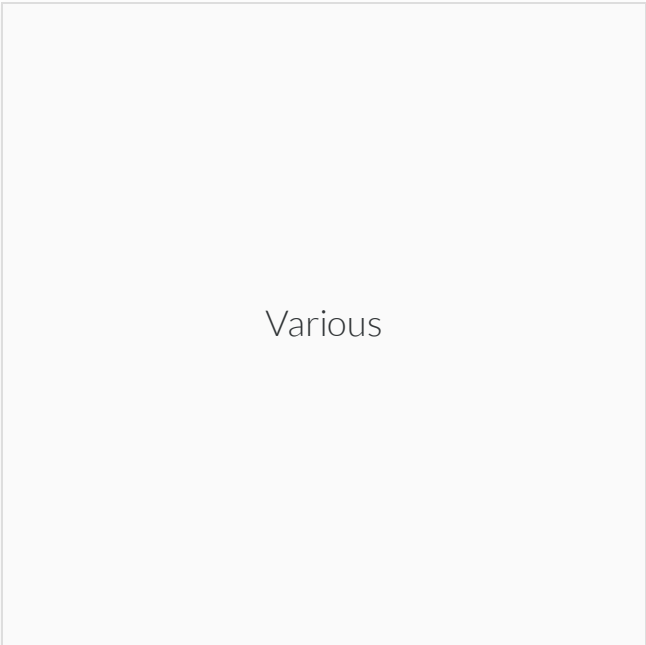
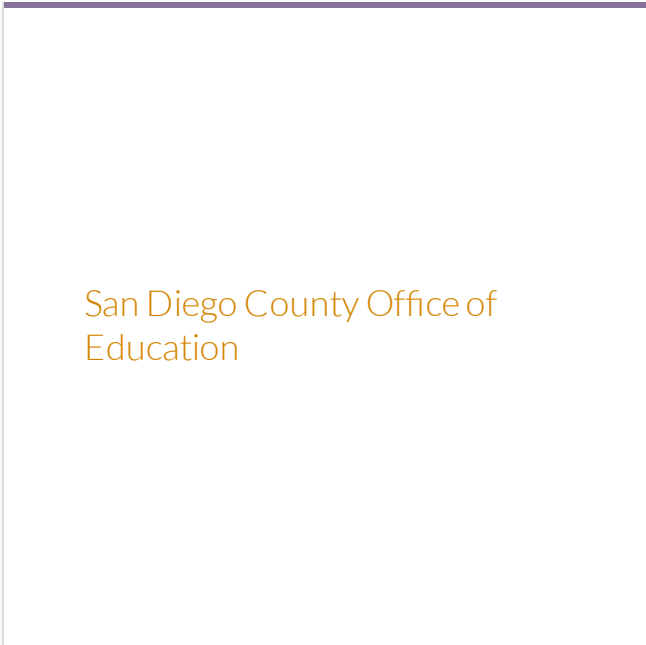
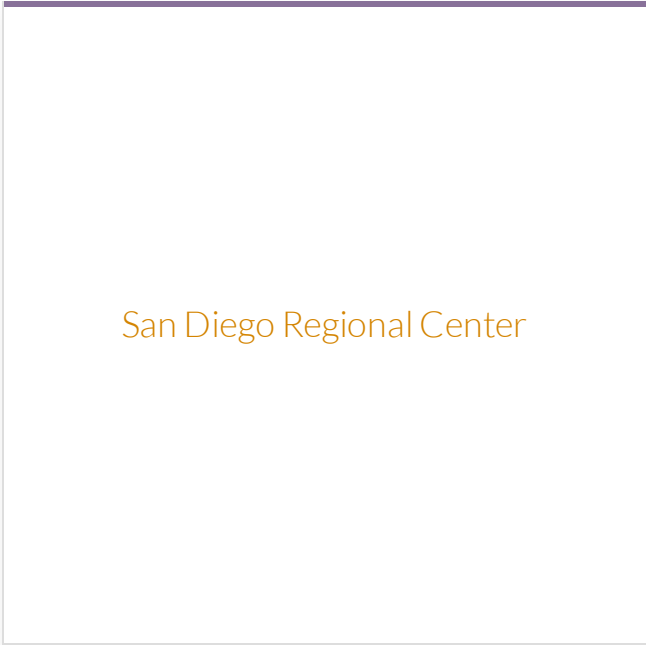
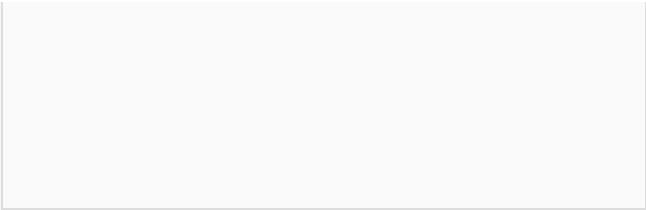
CANS

Behavioral Health Services

CANS, Behavioral Health  
Assessment, Pediatric Symptom  
Checklist, Youth Assessment Index  
(YAI), ASAM (American Society of  
Addiction Medicine)

Probation

Massachusetts Youth  
Screening Instrument (MAYSI)



Our county system partners recognize the need and importance for a unified assessment process upon a child/youth's entry into care to reduce unnecessary duplication of screening and assessments and facilitate a complete and comprehensive assessment of needs, services, treatment planning, or case planning. Along with the recognition and awareness come questions—foundational next steps questions such as:

## How do we navigate this?

How do we begin these discussions?

## How do we start to move in the direction of shared assessments?



As a start, our county identified areas and opportunities to share assessment outcomes, to the extent permitted by laws and regulations, to advance our effort in avoiding redundancy and unnecessary

assessments. We have also identified action steps and opportunities for improvement that will help keep us moving on the right trajectory, such as:

- Improving our work with common assessments and coordinating the use of common assessments when available
- Identifying steps towards the use and practice of universal screenings

**CONTINUE**

## Early Efforts in Collaboration and Outcomes

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In order to **move in the direction of shared assessments** upon entry into care and at other major decision points in a child's journey in the system of care, we looked at the **early partnership and collaboration successes** of our implementation of **the Integrated Core Practice Model and the Pathways to Well-Being** rollout within the County of San Diego.

### Laying the Foundation for Teaming

We reflected on what we were doing well, and that was *teaming*. When we began our work implementing the Core Practice Model, CCR, and other large system initiatives, our county made a commitment to

ensure all impacted system partners were at the table early, involved in regular leadership and implementation meetings. This process ensured all partners were informed and involved. It also improved relationships between system partners and led to cross-system education, meaning our systems understood each other better. So, these early efforts to collaborate on system reform have made our AB 2083 endeavors much easier to achieve. Even now, when we have system-wide issues to address or even when we have a child-, youth-, or family-specific need, we ensure all partners are invited, engaged, and involved in planning.

## Outcomes

The success of our Child and Family Teaming CFT meetings is an outcome of our early teaming efforts. This cleared a pathway for a CANS collaboration and utilization for youth interacting with our child welfare, behavioral health, and juvenile justice systems.

Also, partners within our communities, court systems, tribal nations, and various county departments were informed and trained on the CANS and the sharing of CANS within allowable teaming platforms.

These are the early efforts and outcomes that we built on to help reduce duplicative efforts and enhance our teaming and sharing of assessments.





## Collaborative Improvements



Take a moment to look at some specific successes that have come out of our early teaming efforts.

## Child and Family Teaming



All parties critical to child and family well-being are brought together to collaborate on strategies and supports via Child and Family Team Meetings (CFTM). Of importance to know with CFTM is that the contract for the provision of CFTM services is a joint contract between CWS, BHS, and Probation and an illustration of financial resource management component and how partners worked to maximize available funding and resources.

## CANS Implementation



Another early effort in collaboration is the use of the Child and Adolescent Needs and Strengths (CANS) assessment tool for youth interacting with our child welfare, behavioral health, and juvenile justice systems. Partners within our communities, court systems, tribal nations, and various county departments were trained on the CANS and the sharing of CANS within allowable teaming platforms.

## FFPSA Implementation



The federal Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018 as part of Public Law (P.L.) 115-123. FFPSA paves the way for a family strengthening, prevention focused infrastructure intended to enhance supportive services for families to help keep children safely at home, reduce the reliance on and use of congregate care, and expand the capacity and use of kinship care and family-based settings to support children and families. FFPSA is a collaboration between CWS, BHS, and Probation.



## Interagency Placement Committee



The Interagency Placement Committee (IPC) is an interagency, multidisciplinary team that supports children and youth, including NonMinor Dependents (NMD), with significant behavioral, emotional, medical and/or developmental needs through a collaborative review process to determine whether they require the level of services provided in a Short-Term Residential Therapeutic Program (STRTP) in order to maintain the safety and well-being of themselves or others.



# Moving Forward

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## Guiding Principles

AB 2083 accelerated our system of care work and allowed partners at the table to reflect and address gaps within our systems and the systemic barriers to the traditional provision of services to focus on the principles of our work and achieve that tangible outcome piece beyond the establishment of an MOU.

## We asked our teams...

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"If we are to get better at our work,  
what do we all agree to agree on?"

The answers help create a set of guiding principles that all system partners are committed to:

1

Develop awareness and understanding of screening, assessment, and entry to care procedures of others.

- 2 Collaborate and inform the youth, guardian(s), and tribes about assessments.
- 3 Ensure necessary and legal timelines for services are being met.
- 4 Share assessments to promote coordinated service planning.
- 5 Reduce unnecessary duplication in screening/assessment.

These guiding principles led to action items in discussion and in progress across a variety of formats such as Share and Learn presentations, in-services staff and provider training and materials, continued joint tribal sharing both on and off the reservations, capitalizing on CFT meetings and other allowable case consultation and multidisciplinary team platforms, and the development of this *Overview of AB 2083* System of Care course for providers and staff.

## Opportunities to Share Assessments

Other opportunities are available for sharing assessments utilizing other teaming platforms that allow by law the sharing of information, such as:

[Click to learn about the various opportunities to share assessments.](#)

### Interagency Placement Committee (IPC) Meetings

In accordance with WIC 4096, IPC is a multi-agency, multi-disciplinary team that reviews and determines if a youth requires the level of services provided in a Short-Term Residential Therapeutic Program (STRTP) in order to maintain the safety and well-being of the child or others due to behaviors. In San Diego, IPC



meetings occur several times a week and are comprised of representatives from Child Welfare Services, Behavioral Health Services, Probation Department, Public Health, Office of Education, Regional Center, and other youth and family-serving systems/providers that have shared responsibility for the well-being and safety of the youth.

### **Barrier Buster Meetings** —

Meetings with interacting system partners to collaborate on eliminating barriers to a youth's placement or needed services.

### **Multidisciplinary Meetings** —

Various internal or external meetings with child and family serving system partners in the community that focus on case-specific discussions, decision points, and actions needed to support the youth's safety and well-being. Many systems have an internal version of this type of meeting consisting of subject matter experts that can help guide the next steps needed in a child/family's pathway into systems.

### **System Partner Meetings** —

**Education**—Individual Education Plan (IEP), 504 Plan, Student Support Team—meetings for Education mandated by federal statute to support students with disabilities or in special education.

- *IEP* meetings are attended by a team of professionals such as special education teachers, school administrators, therapists, guardians, parents, etc. Plans are developed and adapted in these meetings.
- *504 Plan* meetings are not a part of special education and are different from IEP meetings. Their goal is to develop a blueprint/plan for how the school will support a student with disabilities and remove barriers to learning.
- *Student Support Team* meetings include a team of educational support staff that identify and support students exhibiting academic or behavioral issues.

**Regional Center**—Individualized Program Plan (IPP) and Individual Family Service Plan—these meetings are specific to Regional Center to develop and discuss and gather input on plans for Regional Center consumers. Participation can include partners that are also interacting with the youth/family.

## Interagency Leadership Team (ILT) Meetings —

The ILT is the governing and coordinating body of our Child and Family System of Care. It is comprised of members from CWS, BHS, Regional Center, Probation, Office of Education, and our Juvenile Court. It has a tremendous task before them, and one of great significance towards successful outcomes. The task includes:

- Supporting efforts towards sharing responsibility, resources, and outcomes;
- Moving systems beyond prescriptive rules and practices that restrain us in working in silos and advancing to cross trainings to figure out the best ways to work with each other, provide for our diverse communities, and to promote practices that leverage existing services and supports, maximize resources, and blend finances; and
- Promoting cross-system collaboration with leaders and monitoring of outcomes to promote a continuous improvement process.

This executive leadership group meets to discuss systemic barriers preventing coordinated, timely, and trauma-informed services and oversees the execution of the AB 2083 MOU.

## Outcomes and Objectives

San Diego system partners identified outcomes and objectives to guide the work, one of several being to:

*Increase timely coordination and integration of resources between systems to promote the placement of youth in permanent, family*

*environments, provide care coordination for youth with acute needs, and reduce time in congregate care.*

This will be achieved by:

- Monitoring coordination and delivery of CFT meetings.
- Monitoring timely completion of CANS assessments and referrals to services.

In San Diego, integrated service planning and referrals occur within the CFT to reduce duplicative efforts and trauma by providing access to multiple systems. BHS/Pathways to Well-Being Liaisons attend CFT meetings when there is not a provider involved and make referral recommendations, and Therapeutic Foster Care (TFC) referrals are also made when TFC is recommended.

## Transformation

The journey toward an integrated System of Care involves:

- **Awareness and understanding of System Partners**
- **Awareness of system intersections and transitions**
- **Ongoing plan for universal screening**
- **Enhance the practice of common assessments**
- **Robust CFT meeting facilitation**
- **Continuous Quality Improvement and the monitoring of outcomes to:**
  - Identify trends

- Identify gaps and barriers
- Opportunities for innovative integrated solutions
- Reduce redundancy and trauma



As we continue to work on strengthening these partnerships across our system of care we will be better positioned to more fully address the needs of the children, youth, and families we serve with fewer gaps in care and less time.

Learning about the changes to our System of Care required by AB 2083 is a great first step in the process of your personal transformation as a provider.

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In the next section, we'll wrap things up, and you'll take the final quiz to check your learning and receive credit for taking this course.

**CONTINUE**

## Conclusion

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Those of us engaged in the work within **San Diego County's Children's System of Care** understand that we all **share in the responsibility** for ensuring the **safety, health, and well-being** of our **children and youth**. Our Live Well San Diego vision laid the foundation for partners **working together** to support children, youth, and families, and California Assembly Bill 2083 now requires us to **build better blueprints for collaboration**.

We took a closer look at our local San Diego Children's System of Care and the services each of our partners provides and we discussed ongoing efforts to communicate, collaborate, and coordinate services to maximize our resources and expertise to improve the quality of services we provide.



While the best practices and resources we work with can change, our ability to work together within the Children's System of Care will allow us to remain nimble and responsive to these shifts and will ultimately

improve the quality of life for the children, youth, and families who depend on the services our county provides.

CONTINUE



# Acknowledgements

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System partner members would like to recognize the executive leadership of the San Diego County Interagency Leadership Team for their commitment to supporting and overseeing the establishment of shared interagency responsibility and decision-making in an effort to ensure that the services we provide to our collective youth are coordinated, timely, and trauma-informed.

**Child Welfare Services**

**San Diego County Superior Court,  
Juvenile Court**

**Behavioral Health Services**

**Department of Rehabilitation**

**Probation Department**

**Tribal Partners (Sycuan, Indian Health Council, and Southern Indian  
Health Council)**

**San Diego Regional Center**

**San Diego County Office of  
Education**

**CONTINUE**

# Posttest

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Now it's time to see what you learned in this course.

You'll need to score 80% or better to receive credit for this course. You can take the Posttest as many times as you like.

Click **START POSTTEST** to begin.

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**Question**

**01/10**

Which of the following entities are required Children's System of Care partners that must be included in the AB 2083 memorandum of understanding (MOU)?

Select **ALL** the correct answers, then click **SUBMIT**.

---

☐

County Child Welfare

☐

Juvenile Probation

☐

County Public Health

☐

Regional Center

☐

County Office of Education

☐

Special Local Plan Area Representatives (SELPA)

☐

County Behavioral Health

**Question**

**02/10**

True or False? Existing MOUs between historical CSOC partners (Behavioral Health, CWS, and Probation) fulfill the requirements of AB 2083.

Select the best answer, then click **SUBMIT**.

---

☐

True

☐

False

**Question**

**03/10**

Which of the following is a key component that must be included in the MOU outlined in AB 2083?

Select the best answer, then click **SUBMIT**.

---

- ☐ Information and Data Sharing
- ☐ Screening, Assessment, and Entry to Care
- ☐ Child and Family Teaming
- ☐ Alignment and Coordination of Services
- ☐ Dispute Resolution
- ☐ All of the these must be included

**Question**

**04/10**

True or False? AB 2083 is the most current system of care reform that directs how we coordinate our efforts across systems serving youth, however, efforts to improve the quality of care for youth in California have been ongoing for decades and several historical efforts have paved a foundation for our current ability to collaborate on a systems-wide scale.

Select the best answer, then click **SUBMIT**.

---

☐

True

☐

False

**Question**

**05/10**

True or False: The San Diego County Office of Education oversees the Foster Youth Services Coordinating Program (FYSCP).

Select the best answer, then click **SUBMIT**.

---

☐

True

☐

False

**Question**

**06/10**

Which of the following are examples of special populations served by the County of San Diego Behavioral Health Services Children, Youth and Families.

Select **ALL** the correct answers, then click **SUBMIT**.

---

☐

Children ages 0-5

☐

Children and youth in Foster Care

☐

Youth on probation

☐

Youth experiencing homelessness



**Question**

**07/10**

True or False? Probation officers are tasked with serving youth as case managers and may provide linkages to additional resources and services.

Select the best answer, then click **SUBMIT**.

---

☐

True

☐

False

Question

08/10

San Diego Regional Center serves individuals who have any of the following developmental disabilities, except for those whose primary disability is

\_\_\_\_\_.

Select the best answer to complete the sentence, then click **SUBMIT**.

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- ☐ an intellectual disability
- ☐ cerebral palsy
- ☐ epilepsy
- ☐ color blindness

**Question**

**09/10**

Which of the following are direct services provided by the County of San Diego Child Welfare Services?

Select **ALL** the correct answers, then click **SUBMIT**.

---

☐

Adoption

☐

Child Abuse Hotline

☐

Individualized Education Program

☐

Court intervention

Question

10/10

Drag each Children's System of Care collaborative improvement on the left to match it with the short description on the right that best describes it.

When you have matched them all, click **SUBMIT**.



CANS Implementation

Collaboration supporting and funding the needs specific to a child and their family.



Interagency Placement Committee

A common assessment tool used by CWS, BHS, and Juvenile Justice partners.



FFPSA

Funds collaborative prevention services for families to help keep children safely at home.



Child and Family Teaming

Collaborates to determine whether a youth requires the services of an STRTP.

## Closing

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# Congratulations

You have completed the  
***Overview of AB 2083***  
eLearning course.

Click the EXIT button to exit the course.

EXIT